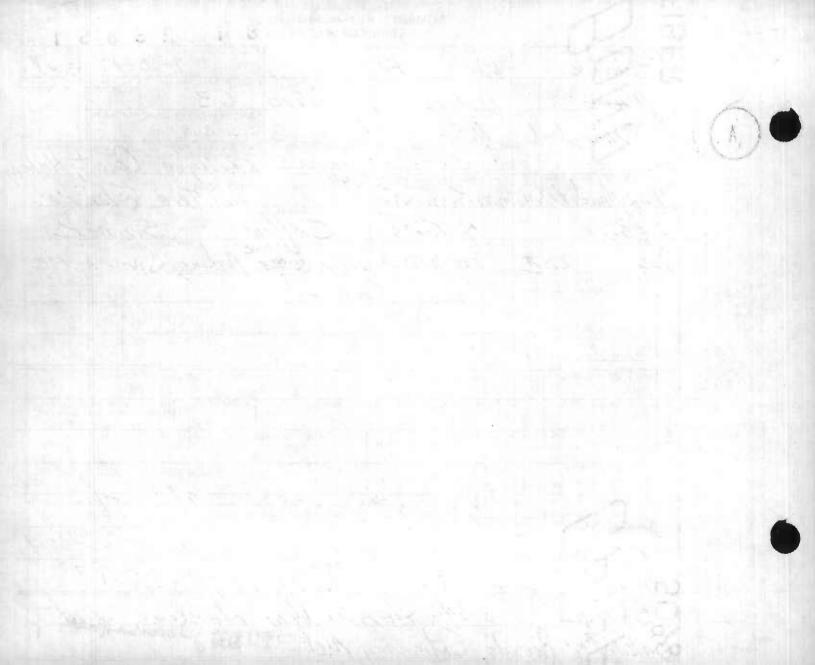
	- 1			STATE OF MARYLAND	
1		1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTA	(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
V		96	REGISTRAR	CERTIFICATE OF DEATH	8 4 REG. NO.2 5 8 5
		1. DEC	EASED NAME EIRST	MIDDLE LAST	28. DATE OF DEATH MONTH DAY YEAR 26 HOUR
		111,00	REGERICK	W. Hakins	9-5-81 3:00 9
		3. SE)	70-102-072	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
			MALE	11417= MONTH -91-19	20 63 YRS. MONTHS DAYS HOURS MIN.
4	1	70 B)	THE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	DALTHAORE CITY OR COUNTY OF BEATH
46	6	1:	8/5/1/15	MARRIED NEVER MARRIE	Wigomigo
53	Ž	10 CI	TY OR TOWN OF DEATH	WIDOWED DIVORCES	~ L
Đ	0		lisbury	(IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) Peninsula General Hospita	TYPE OF WORK EQR MOST OF WORKING LIFE INDUSTRY
200	2	_		Petitiisuta Genetat nospita	II KAIPleyer Coopy NKK
3	01	120	MATE / VIN 900	130 CITY OR TOWN 198 HASIDE CITY LIM	
ŧ,	~	11	HKY/AWC W	IS, MOTHER'S MAID!	
2	21	2"	THER SPIAME	MIDDLE AND MAIDE	MIDDLE LAST
-		1	ES/ER	Marins DA	ILE SMAL
dico	/ 1	in l	DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	DOPPER A PODRESS
2.1		1	5 000	17 220-16-9954 EZLA 160	Makins Amen 13C
4	Ī			inly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-			PART I. DEATH WAS CAUS		
			IMMEDIA	ATE CAUSE (O) LUME CENTE	
0				DUE TO, OR AS A CONSCOUENCE OF	The same of the sa
0			Conditions, if any, which gave rise to immediate	(b)	
ì	_ 1		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
0			underlying cause last	(c)	
17.0			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
1		CATION			
4 6	4	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N. S.	7	CERTIFIE			YES NO YES NO
4	7	W.	210. ACCIDENT WAS UNDERLYING		CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
70	1		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DAY YEAR	
2	1.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		
0 0		AED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN COUNTY STATE
4		-	AL WORK AL WORK		c//
Ë			220.1 certify that (I) (this has	oital) attended the degreesed from	3 to 7/5 19 57, that (It (we) to
-			saw the deceased alive o	n 7/5 19 7 and that in (my) (our) a	pinion death occurred on the date and hour and from the causes stated
2 E			above, (I) (we/(did)/did n	ot) view the body after death. DEGREE	
5		1	1 Stored One	S / /// JAJO ATTEND	INGMEDICAL _ STAFF _ F. C. F.
ORTANT:	1	-	Sol	PHYSIC	IAN DIRECTOR PHYSICIAN 7-5-87
PORTANI			THE PHYSICIAN'S NAME (TYPE	ORPRINT) 22e ADORESS	5 Augelian St
Ö	Y		Down &	(orgall MV)	1. 57 41 71607
¥-		220 1	HIDIAL CREMATION PER STATE		DILLY MAN AND AND AND AND AND AND AND AND AND A
		230mk	CREMATION, REMOVA	1 236 DATE C 21 23c. NAME OF CEMETERY OR CREMA	TORY IN LO TOWN COUNTY A STATE
_			DURIAL	1-8-07 HEBROW MY	M. HEBRON, LBG.
4/83		24 F1	NERAL DIRECTOR		DATE PECONOMICS AND SECULAR STATURE
4/03		15	affer and b	Sounds Salis Bury MCS	P. 1 0 804 0



medical exe

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the 6

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSENE CERTIFICATE OF DEATH

5

ч		REGISTRAR					REG. NO.		
		CEASED NAME FIRST OR PRINT) KATHLEE		AIDDLE	And	AST D	Seh To a ho	DAY YEAR	26 HOUR
	3. SEX		4 RACE	/	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	# UNDER 24 HRS
)	7	-emale	Black		MONTH	- 27-1937	47 YRS.	MONTHS DAYS	HOURS MIN.
7		RTHPLACE (State OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
S		ARGANO		5.4	WIDOWE	D DIVORCED	Wicomico		MD.
0		ty or flown of death Lisbury				Hospital	120 USUAL OCCUPATION 114PE OF WORK FOR MOST OF WORKING I		OF BUSINESS OR
5	USUA 13a. S	1	OTHER INSTITUTION	SALS		13d INSIDE CITY LIMITS? YES K NO	13. STREET ADDRESS / ZIP COD	· — /	1801 olis. Md
0	14 FA	THER'S NAME	MIDDIE	NERCO	W	15 MOTHER'S MAIDEN NAM	ME MIDDLE	Foo	Ke
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	1 1 =	21/1
3		No				KOSALGE KEI	d 2323 E Fada	eal St. E	Salt. Md.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY:	line for (a), (b), (and Ici.I	ARREST			ONSET AND DEATH
		IMMEDIA1	E CAUSE (0)	CARDI	AC	MICHOSI			a wics,
		Conditions, if any, which	DUE TO, OI	r as a conseo	UENCE OF				
		gove rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQ	UENCE OF				
		underlying couse lost.	((c)						
	Z	PART 2 OTHER SIGNIFICANT OF			DEATH BUT	NOT RELATED TO THE TERM	VAU PAZIUR		a
-	ATIC	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDI	
2	CERTIFICATION	9/7/84	G	I BL	एसी			EYING CAUSES	NO [
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1100110 1	FINJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)	
١	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE		19	211 LOCATION			
	MEC	WHILE NOT WHILE AT WORK		REEL FACTORY OFFIC	E FARM ETC	STREET	CITY OR TOWN	COUNTY	STATE
		220 certify that (I) (this hospi	tal) attended th	deceased from	9	3 9/7 19 8	4 10 9/00	19 84	that (I) (we) lost
		saw the deceased alive an above, (I) (we) (did) (did no	96	offer death.	1.10	nd that in Imy) (aur) apinian	death accurred on the date and ha	or and from the	causes stated
		22b. SIGNATURE	O	1		DEGREE ATTENDING	_ MEDICAL STAFF	22c. DATE	SIGNED
_		22d. PHYSICIAN'S NAME (TYPEG		/		PHYSICIAN 1	DIRECTOR PHYSICIAN	7//	18/0
		,,,,,							
	- 0	SURIAL, CREMATION, REMOVAL	IJA DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		BUEUSI	7-15	- 84 6	PREEU	PACES	DALSbury	wic.	Mal.

DHMH - 16 50M 4/83

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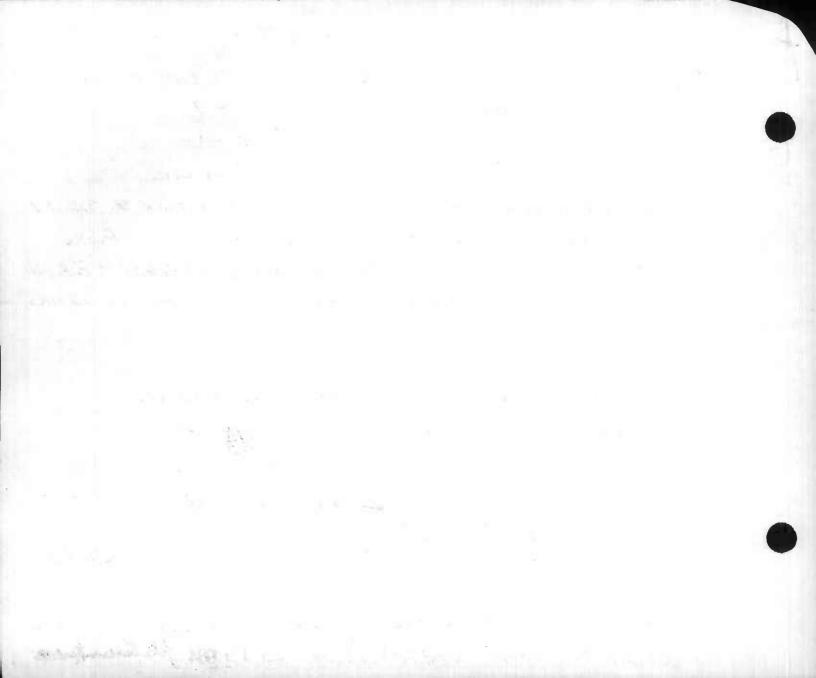
24 FUNERAL DIRECTOR (VRA 15, 4)

FOR

- STATE

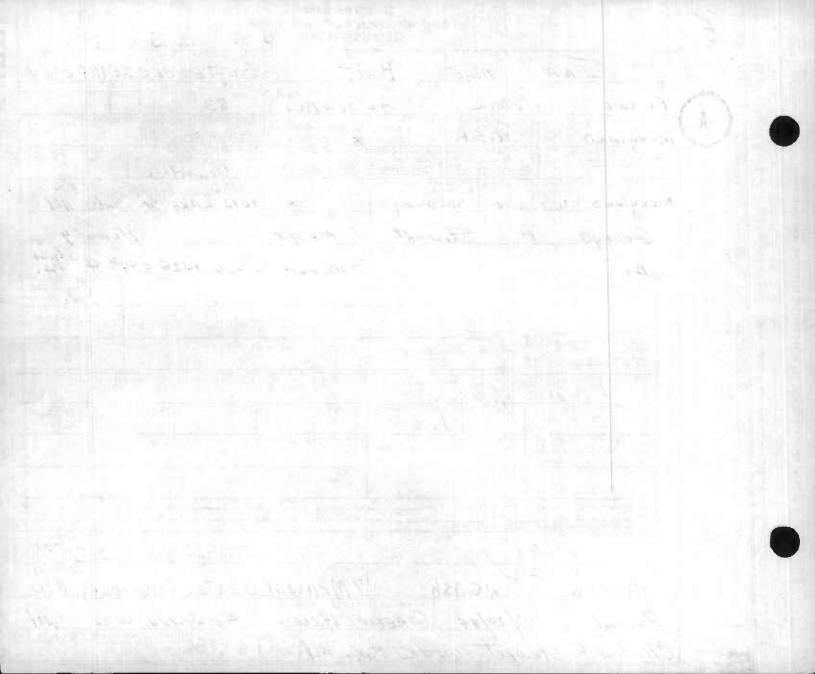
F. Stewart West Rd Salis Ind.

SEP



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 7h. HOUR 1. DECEASED NAME ZeLuff (TYPE OR PRINT) EdNA E MNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) DAYS BALTIMORE CITY OF COUNTY OF DEATH WICOMICO MARRIED | NEVER MARRIED | WIDO WED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR Peninsula General Hospital INDUSTRY DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT PARSONSbung 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES | NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 228 | certify that ((this haspital) attended the deceased from sow the deceased alive on, opinion death accurred on the date and hour and from the causes stated obove (ID(we) (did) (did not) view the body after death DEGREE 22c DATE SJGNED 72h SIGNATURE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) Box 2636 Salisbury mo 21001 ORT 73c NAME OF CEMETERY OR CREMATORY 23b. DATE DHMH - 16 50M 4/83 (VRA 15, 4)





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, I and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

filled in by the fu

STATE OF MARYLAND

1		STATE OF MARYLAND		
FOR 1 - STATE	DEPAR	RTMENT OF HEALTH AND MENTAL HY	GIENE	0 6 6
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 3 3
1. DECEASED NAME FIR	T MIDDLE	LAST	20. DATE OF DEATH MONT	
(TYPE OR PRINT)	bood	BLOODSWORTH	9	8 84 4:55
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	
Male	Consession	NOV 14 1902	81	MONTHS DAYS HOURS
To. BIRTHPLACE I STATE OR FOREIG	N 7b. CITIZEN OF WHAT COUNTR	Y? 1	9. BALTIMORE CITY OR CO	
COUNTRY	110	MARRIED WEVER MARRIED		
10. CITY OR TOWN OF DEATH	110 NAME OF HOSPITAL NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Wicomico	12b. KIND OF BUSINES
	I IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY
Salisbury USUAL RESIDENCE (IF NURSING H	Deer's Head Ce		I Ketired For	mer
	OUNTY 13 CITY OR TO		13e STREET ADDRESS / ZIP	CODE 1/0/F
Md 13	omerse trinces	S Anne YES NO X	Kt#3	4/80
14 FATHER'S NAME FIRST	MIDDLE DA LAST	15. MOTHER'S MAIDEN NO	AME	A LAST
Jumes	Bloding	rth Cora	Shores	Blocarwort
160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	^
No	220-0	1-9290 Mrs Shirley	thderson Pr	Home. Md 21.
IN CAUSE OF DEATH (Er	ter only one cause per line for (a), (b),	and (c).)		APPROXIMATE INTERVIBETWEEN ONSET AND D
PART I. DEATH WAS C	AUSED BY:	angut (acho	VIC	
cause (a), stating t underlying cause lo		DUENCE OF	774 723 72	515
	ANT CONDITIONS <u>CONTRIBUTING T</u>	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO
210. ACCIDENT WAS UNDERLYE			RRED (ENTER NATURE OF INJURY IN II	
OR CONTRACTOR CAUCE				
OR CONTRIBUTING CASE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED	AMINER) P.M. 21e PLACE OF INJURY	21f LOCATION		
WHILE NOT WHILE [CAT HOME STREET FACTORY OFFIC		CITY OR TOWN	COUNTY
saw the deceased al	hospital) attended the deceased from	m	, to	, 19, that (I) (w
obove, (1) (we) (did) (did not) view the body ofter death.		dedin accurred an me date at	
22b. SIGNATURE	Class H-	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
/*/.	Sucous	PHYSICIAN		0 9.8.8
22d. PHYSICIAN'S NAME	TYPE OR PRINT)	22e. ADDRESS		
MAHESWARI	, SHRESTHA, M.D.	Deer's Head	Center, Salist	oury, Md. 218
230. BURIAL, CREMATION, REM	OVAL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY		
Rucial	19/11/84	St Peter Cometery	Oriole	Some riset 1
24. FUMERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256. R	901

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Julia Davidson Randalls

the suggestion cannot be all the second of the FOR - STATE

STATE OF MARYLAND

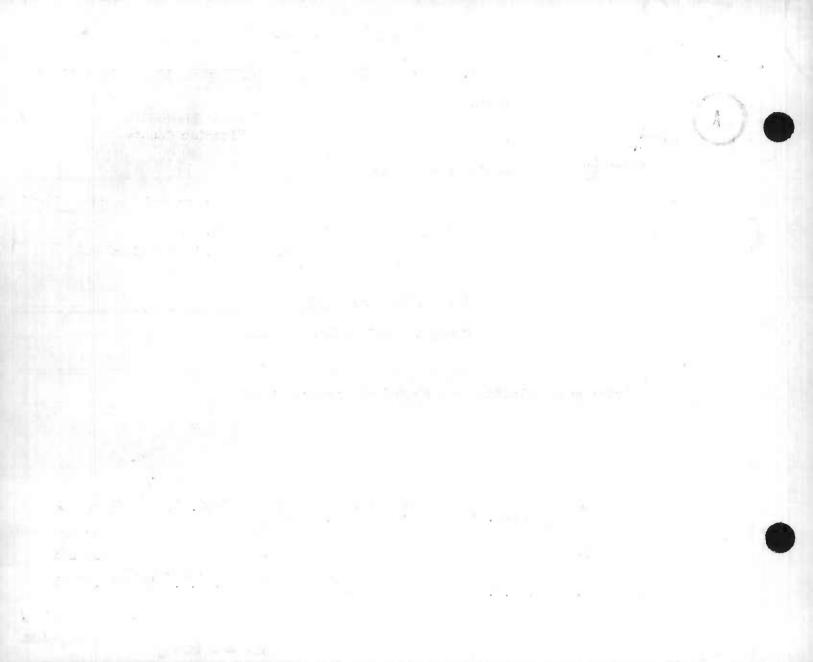
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.	, ,, ,	
	REGISTRAR CEASED NAME FIRST (E OR PRINT) MARY	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
(14)	PE OR PRINT)	MARY		A.	BOI	HLER		SEPTEMBER	19	1984	11 A M
3 S			4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	е	03	30	16^*	68	YRS.	MONTHS DAYS	HOURS MIN.
7a. I	BIRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	KKNEVER	MARRIED -	9 BALTIMORE CITY C			
	Maryland		U.S.A.		WIDOWE		IVORCED [Wicomico	Coun	ty	MD
10 0	Salisbury		(IF NOT IN SUC	OSPITAL, NURS H FACILITY, GIVE STREE S Head (ET ADORESS)	OR OTHER INS	NOITUTIT	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MOUSE WIF	ION DE WORKING LI e	12b. KIND OF INDUSTRY	BUSINESS OR
130.	UAL RESIDENCE (IF NUI STATE Maryland	13b. COUL	OTHER INSTITUTION, NTY COMICO	GIVE RESIDENCE BEFO 136. CITY OR TO Salisbu	RE ADMISSION) WN U ry	YES 🗌	NO [13e STREET ADDRESS 442 Pennsy	/ ZIP COD lvani a	Avenue	2180
14, F	Leo FIRST	Bei	nard C	Callahan,	Sr.	Ma	,	Pearl			nch
16a	WAS DECEASED EVE		MED FORCES?	16b. SOCIAL SEC 348-14			ant Mr. 1 as #13	Marlin T. 1881 Se	fer ((Husband)
Г	18 CAUSE OF DEA	TH (Enter ar	nly ane cause per D BY:	line far (a), (b), a	and (c).)					APPROXIA BETWEEN O	MATE INTERVAL
			re CAUSE (a)	ACUTE I	PULMON	ARY ED	AMA	·			
			DUE TO, O	R AS A CONSEQ							
	Canditions, if an		(b)	Chronic	Rena	Fail	ire				-
	cause (a), stat underlying caus	ing the	DUE TO, OI	r as a conseq	UENCE OF						
N N				ontributing to				AINAL DISEASE OR CON	IDITION GI	VEN IN PART lia	
CERTIFICATION	19a DATE OF OPER			TION FOR WHIC				200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES ES []	GS USED OF DEATH?
	OR CONTRIBUTION	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c HOW	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2}	
MEDICAL	214 INJURY OCCU	WHILE [21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCAT STRE		CITY OR TO	NWC	COUNTY	STATE
	saw the decea	sed alive ar	Sept. situal) attended the Sept.	1919			, 19 <u>.84</u> r) (aur) apinian	, to Sept death accurred an the d	19 late and ha	ur and from the c	
	22b. SIGNATURE	em 80	N.	/han		DEGREE		MEDICAL STA		22c DATE S	
	Benito S					Deer 1	s Head	Center, P.0	ury Box	MD 2018,21	1801
230	BURIAL CREMATION		23h DATE	230	NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION		COUNTY	STATE
	(SPECIFY Burial		9/21/	1784 3	pringhi	II Mem		dens Hebro		comico /	
2.4	FUNEDAL DIRECTOR						25a DA	TE DEC'D BY DECISTRA	PLAST DECTE	ITALACTI 2 200 A G-TO	10057 # 44

DHMH - 16 50M 4/83 (VRA 15, 4)

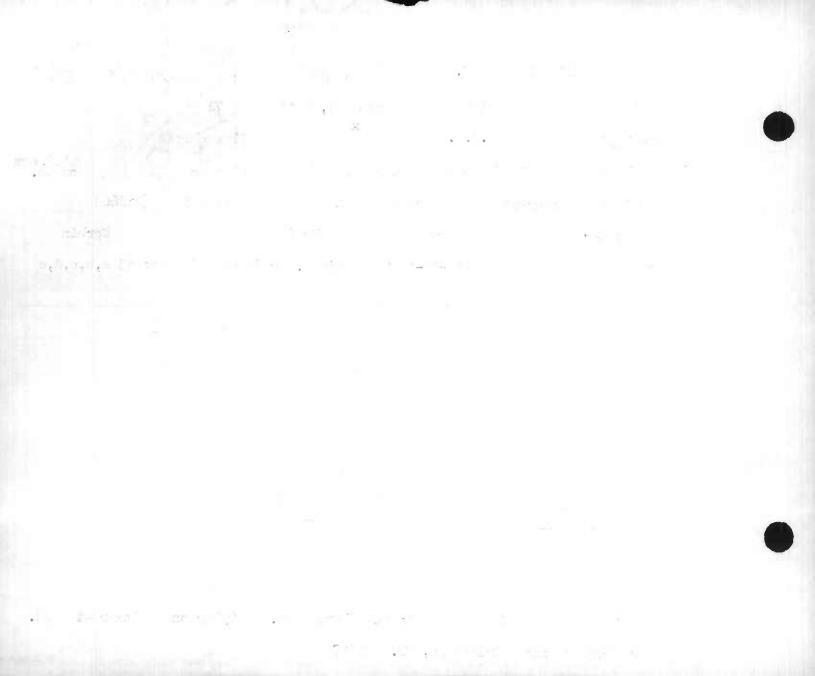
TO FUNERAL DIRECTOR:

Holloway Funeral Home, Sallsbury, Maryland



(VRA 15, 4)

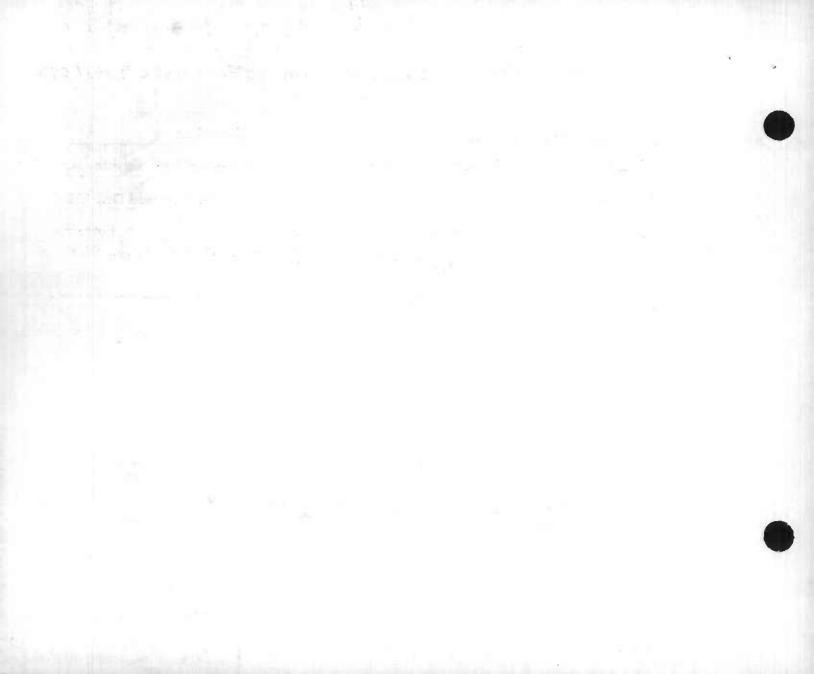
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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- 1		REGISTRAR		CERTII	ICATE OF DEATH		REG. NO.			
ı		EASED NAME EIRST	MIDDLE	L	AST	20 DATE OF D	EATH MONTH D	AY YEAR	26 HOUR	_
		Betty Tho	ornton B	21TT	ING-HAM	SEPT A AGE IN YEAR	EMBER!	9,1944 IF UNDER I YEAR	0100 A	N
1	3. SEX	Female	White	J. DATE C	2 08 1938	48	YRS.	ONTHS DAYS	HOURS MIN.	_
		THPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	[V.,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5	9. BALTIMORE	CITY OR COUNTY	OF DEATH		_
2	Ch	7/	Md. U.S.A.	WIDOW		□ Wicom	-	- 0	MI	D.
)	Sal	lisbury	Peninsula Ger Peninsula Ger	neral		Vice-Pr	ccupation or most of working her cesident B	industry yers V	f Business or larketing	9
	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN Maryland Wi	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW ICOMICO Salisbu	E ADMISSION) IN Ty	13d. INSIDE CITY LIMITS YES NO		DRESS / ZIP CODE L Kaywood	Dr., 2	1801	
		THER'S NAME ohn	Thornton LAST		15. MOTHER'S MAIDEN Mable		WIDDIE	Batte		
		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-32-		Same as	lter G. Bri 13e	ittingham,	Jr., (Hu	ısband0	
		PART I. DEATH WAS CAUSE		dicin	Sm-10 (01)	lumen	Comein	SET WEEN	MATE INTERVAL ONSET AND DEATH	_
		IMMEDIA	TE CAUSE (0) 11 UN WENT	51105.05	· intana coo	<u> </u>	0011100			_
		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF						
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ence of						_
	2	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMIN AL DISEASE (or condition give	EN IN PART I	2	=
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	20a AUTOP		, WERE FINDING CAUSES		-
}		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATU	RE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	ليبا	_
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION		CITY OR TOWN	COUNTY	STATE	
	¥	AT WORK AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC)	STREET				3,111	
		220 I certify that (I) (4hm hespi	ottended the deceased from	241	nd that in (my) (aux) opin	4 to 9			that (I) (vic) las	it
		obove, (I) (we) (did) (did ==================================	t) view the body ofter death.	. 0	DEGREE	iion deorn occurred	on the date and hour	22c DATE		_
1		XCC	hem	N	M ATTENDING	G MEDICAL	STAFF PHYSICIAN	9/	9/84	
		TOSE N A	PRASSO 1	m	13 UD S	PIVISI	on St			
		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATO	RY 23d LOCATI				
	(:	Burial	9/12/1984 W	/icomi	co memorial	Park Sali	isbury Wic	omico	Marylan	d
		INERAL DIRECTOR	ADDRESS			DATE REC'D. BY REC	GISTRAR 256 REGISTE			_
	H	Holloway Funeral	l Home, Salisbury,	Mary	land	SEP 131	984 Gulia.	Davidson	Randon	_
							U		*	_

DHMH - 16 50M 4/83 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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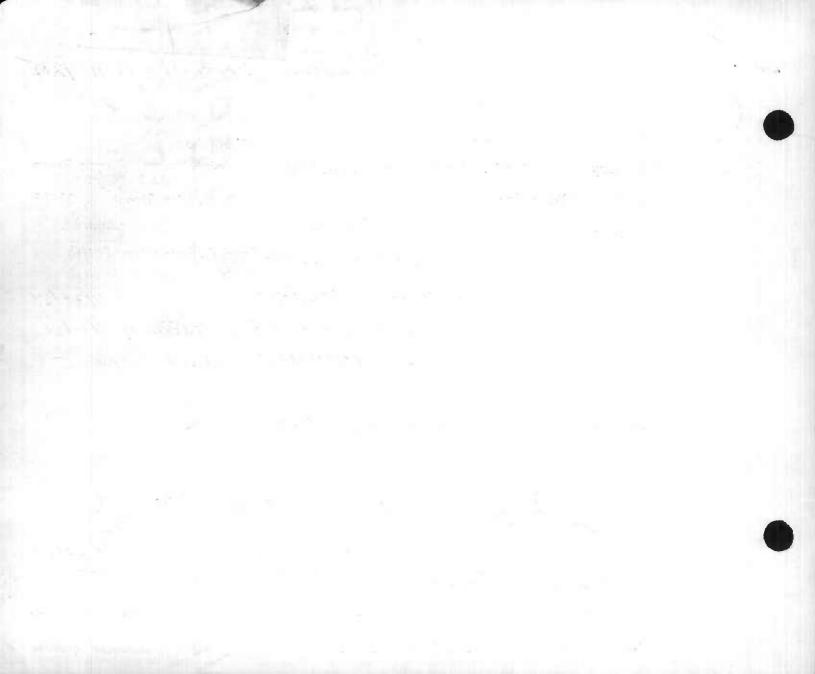
FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 5 8	5-9
I DECEASED NAME FIRST	Eugene	BROUGHTON BROUGHTON		22 198× 1205 M
Male	4 RACE White	5. DATE OF BIRTH 09 22 1907		F UNDER 1 YEAR F UNDER 24 HRS ONTHS DAYS HOURS MIN.
BIRTHPLACE ISTATE ORFOREIGN COUNTRY, Whitehaven, Maryl	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED XXVEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD.
10 CITY OR TOWN OF DEATH Salisbury	Peninsula Ger	neral Hospital	IZWI USUAR BECUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Maintainence	12b. KIND OF BUSINESS OR INDUSTRY Wayne Pump
	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY OR TOW Salisbury	Y 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 420 E. Vine Stre	eet 21801
Samuel Samuel	Broughto	n Beulah	WIDDLE	Insley
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 220-12-	2196 Same as #136	. Pearl G. Broughto	n (Wife)
	nly one couse per line for (g), (b), on ED BY. TE CAUSE (o)	AC FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) S CONDITIONS CONTRIBUTING TO	PULHONI ENCE OF DEAD DIAGO	· VASCULAR DIS	M 9/24/14
190 DATE OF OPERATION 9/2 8/39 8/3 210. ACCIDENT WAS UNDERLYING 0 ON CONTRIBUTING CAUSE OF DE	Z GANGREN	OPERATION WAS PERFORMED FRIGHT FOOT AY YEAR 216 HOW INJURY OCCUI		
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
270 I certify that (I) (this hosp sow the deceased alive or obove, (I) 27b SIGNAT		DEGREE ATTENDING	n death occurred on the date and hour	ond from the couses stated 22c DATE SIGNED
THE PHYSICIANS NAME (THE	Schafer	22e ADDRESS	enter, Salisbury, Md	. 21801
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR		Parsons Cemetery Parsons Cemetery	23d LOCATION Salisbury Wi	comico Maryland

DHMH - 16 50M 4/B3 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Md.

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
SEP 2 6 1984 Julia Davidson-Rom

ulia Davidson-Randall



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

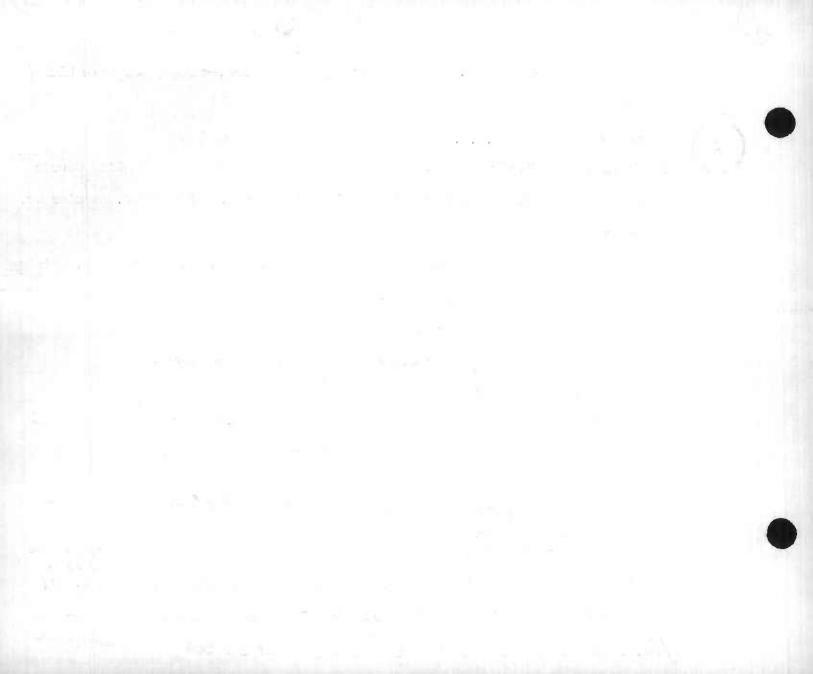
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		FOR STATE REGISTRAR			DEI	PARTMENT OF H CERTIF	EALTH AND A		ENE	2 5 REG. NO	8	6	Ü		
		EASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF D	DEATH A	HINON	DAY YE	EAR 2	b. HOU	R
1			GEOF	RGE	F.	B	ROWN		SEND	donos	en 2	6,19	841	53	4 M
1	3. SEX			4 RACE		5. DATE C			6 AGE IN YEA	RS LAST BIRTH		MONTHS		F UNDER	24 HRS
		Male			White	мо <u>м</u> тн б	6	14	70		YRS.			NOUKS	MIN.
		THPLACE (STATE OF	REFOREIGN	76 CITIZEN	OF WHAT COU	MARRIEI	NEVER N	ARRIED 🗆	9 BALTIMORE CITY OR COUNTY C			OF DEAT	íΗ		
2		aryland		U	S.A.	WIDOWE		ORCED						MD.	
1		Y OR TOWN OF DE lisbury	ATH		N SUCH FACILITY, GIVE		ING HOME OR OTHER INSTITUTION ET ADDRESS) Neral Hospital 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)						STRY B	aiti ourt	more
-	USUA	SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION									712 000	210	4.0		
2		ryland	Wico		Pars	onburg	YES	NOX	IRt.	2 Box	: 157	E. R	ain	ier	Dr.
1	14 FA	THER'S NAME		WIDDIE	- 14	isi		MAIDEN NAM	AE .	MIDDLE			LAST		
Į,		John				own	1	Anne					Ros	e	
	16e W	AS DECEASED EVE	R IN U.S. AR	MED FORCE	S? ISB SOCIA	L SECURITY NO.	17 INFORMA			ADDRES			184	_	
	(11	YES	WW	YE WAR OR DATE	214-	30-4107	Margue	rite C.	Brown	Rt.	2 Box		E.		
	NOI	Conditions, if on gove rise to in couse (o), stot underlying couse	ing the lost.	DUE TO	D, OR AS A COND D, OR AS A COND S S CONTRIBUTION CONTRIBUTION	4SCVI	not related	s de	NAL DISEASE	or cond) DITION GIV	VEN IN PA	RI lio		
	CERTIFICATION	19a DATE OF OPER	ATION	19b CC	ONDITION FOR V	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOF	NO O	IN CERTIF	S, WERE F FYING CA ES			H?
7	MEDICAL CER	216. ACCIDENT WAS UIT OR CONTRIBUTING [CAUSE OF DE	ATH HOUI	AE OF INJURY R A.M. MONT P.M. ACE OF INJURY NE. STREET, FACTORY,	19	211 LOCATIO	JURY OCCURRI	ED (ENTER NATU	URE OF INJURY		PART I OR PA		5	TATE
		2 0.1 certify that	his hosp sed olive or (did) (did no lber NAME (TYPE)	ot) view the b	od the deceased 25 sody offer death.	19 <u>84</u> , or	DEGREE 220. ADDRESS. 706	TTENDING PHYSICIAN	MEDICAL	STAF	F		DATE SI 1/2	GNED 6/	
		URIAL, CREMATION SPECIFY Buri			1/84	New Cat	EMETERY OR C	REMATORY	23d. LOCAT	low ltimo	re	COUNTY	Ma	ry1	and
										OUCED . DIC	ARL BEGIN		COLUMN THE PARTY	ne .	

DHMH - 16 50M 4/83 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

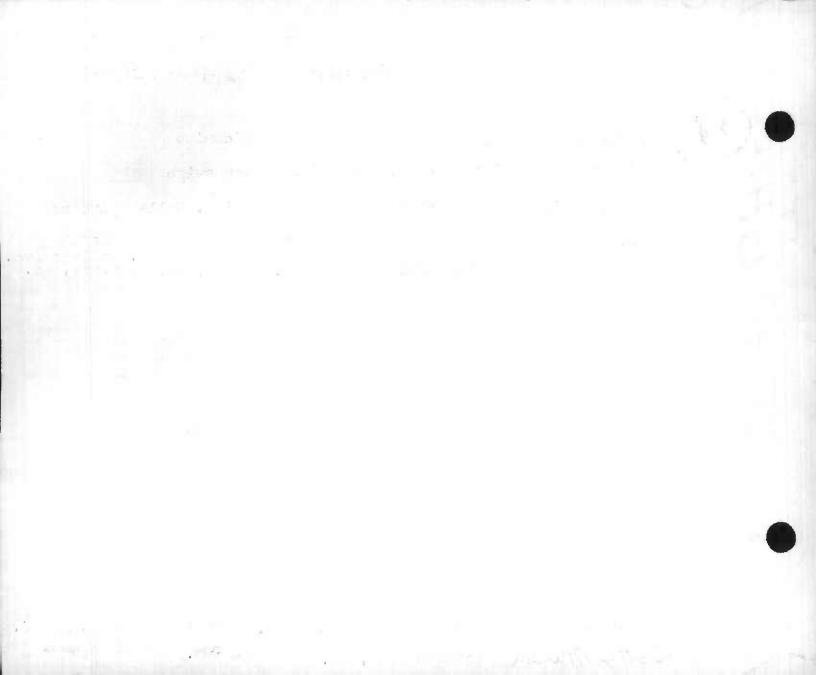
SEP 2 8 1984



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 2 5 REG. NO.	8 6	
R		CEASED NAME FIRST	Mae	\mathcal{B}_{i}	utler	September	er 21,1984	26 HOUR 6:45PM
	3. SE		4. RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER LYEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
25		RTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTS USA	WIDOWE	D DIVORCED	BALTIMORE CITY OR CO		MD,
80	S	alisbury	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHFACILITY, GIVE STI Peninsula G	eneral		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO housewife		F BUSINESS OR
g 556	130. S Ma		omico Salis	OWN	13d. INSIDE CITY LIMITS?			nue
or examin		ATHER'S NAME FIRST JOHN WAS DECEASED EVER IN U.S. AR	MIDDLE LAST HA		IS. MOTHER'S MAIDENNA FIRST Mildred IT INFORMANT	WIDDLE	Mas	on
he medicol		YES, NO OR UNKNOWN) (IF YES, GIV	ve war or Dates) 214-3	2-1852	Walter M.	Butler, Jr	Salisbur	MATE INTERVAL
oumotic event,		IMMEDIA	nly one couse per line for (a), (b), ID BY: TE CAUSE (a) DUE TO, OR AS A CONSE	15447.	'c Breast	Cancer	3	onset and death
ury, or other to	7	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTIONS CONTRIBUTING		NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	ON GIVEN IN PART 10	0
July 2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		b IF YES, WERE FINDING CAUSES YES	
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 25	
orked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
: If hem 21 is m			ital) attended the deceased from Sept. 2/ 19 It view the body after death.	9 <u>84</u> , or	DEGREE ATTENDING	death accurred an the date a	22c DATE	couses stoted
MPORTANT		Jones E.	martin, M.	0.	27e ADDRESS	vision St.,), MO.
×I		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY Baptist Cem	23d LOCATION CITY OR TOWN POCOMOKE	Worces	ter Md.
V83	8	uneral director	on Pocomok	e City	0.5	P 26 1984.	REGISTRAR'S SIGNAT	indelle

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

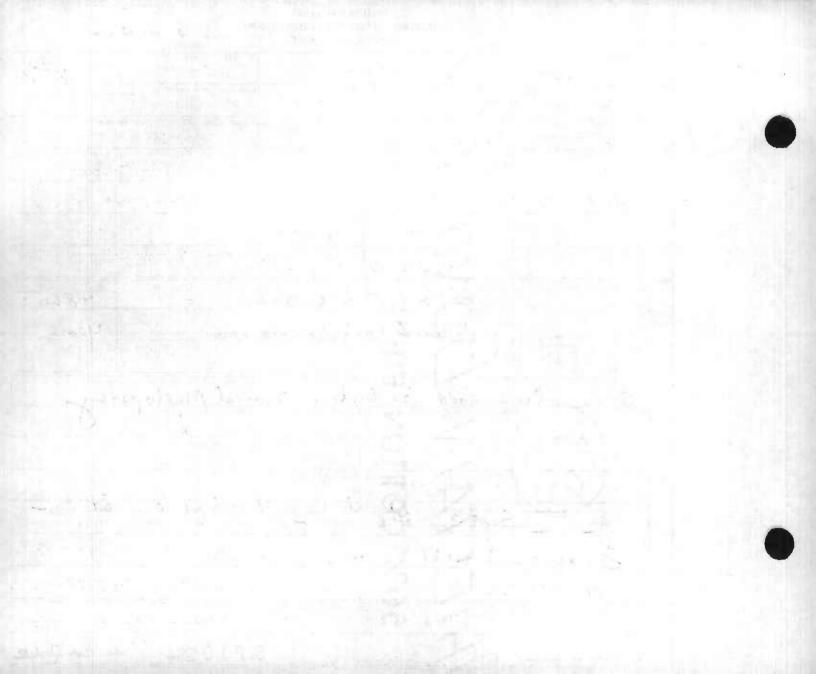
REG. NO

HOURS

12h KIND OF BUSINESS OR

2a DATE OF DEATH MONTH

RESIDENCE (IF NURS TE aryland	NICOMICO	136 SITY OR TOWN Salisbury	13d INSIDE CITY LIMITS? 13	SIREET ADDRESS 715 Madison St	reet 2/80/
Henry	MIDDLE	Callaway	15 MOTHER'S MAIDEN NAME FIRST Amanda	WIDDLE	Smith
DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 218-01-1487	Same as #13e		Callaway (Wife)
CAUSE OF DEAT PART I. DEATH W	H Enter anly ane cause pe 'AS CAUSED BY: IMMEDIATE CAUSE (0)	Cerebral -	Thrombosis	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TEMPS 7
onditions, if any, pave rise to immouse 103, station anderlying couse	which (b)	OR AS A CONSEQUENCE OF	u ferio ⊆ cler	ی فنہ	years
Seven Date of Opera	Pheuma	ONTRIBUTING TO DEATH BUT LOCAL DIFFLORISHING ONTRIBUTING TO DEATH BUT ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN. WAS PERFORMED	cel Mullor 20a AUTOPSY? 0 20b. IF TE IN CERT	after
A. ACCIDENT WAS UNITED TO THE PROPERTY OF T	CAUSE OF DEATH ALEXAMINER) RED 21e. PLACE (AT HOME, ST		211. HOW INJURY OCCURRED 211. LOCATION STREET	CITY OR TOWN	PART 1 OR PART 2) COUNTY STATE
saw the decease	(the hospital) attacked to ed alive on	13 1984 11 01	nd that in (my) (opinian dec	th accurred the date and ho	19, that (1) (i.e.) lost or ond from the causes stated
b. SIGNATURE	wes c	/ L A A	PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED 9/7/1984
d, PHYSICIAN'S NA Thoma	IS Hill, M.D.		Pine Bluff Rd.	& S. Salisbury E	Blvd.Salisbury,Md.
Burial		1/1984 Picon	emetery or crematory nico Memorial Pl	Julispor Wil	county STATE
RAL DIRECTOR NAME Holloway	Funeral Hom	e, P.A. Salisbur	QE	P 1 0 1984	TRAR'S SIGNATURE



FOR



/	1	
6	0	

24 hours ofter death Page 4

executed

death certificate

ENDING PHYSICIAN:

filled in by the funeral director ould be filed within 72 hours of ond 2 should be the ottending physicion and cremove corbanpapers. Pages TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detoched for use as the burnal-transit permit. Then please remove carbon papewith the State Dept-at Health and Mental Hygiene priar to burnal, cremation, ar remaval injury, ar other troumotic event,

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

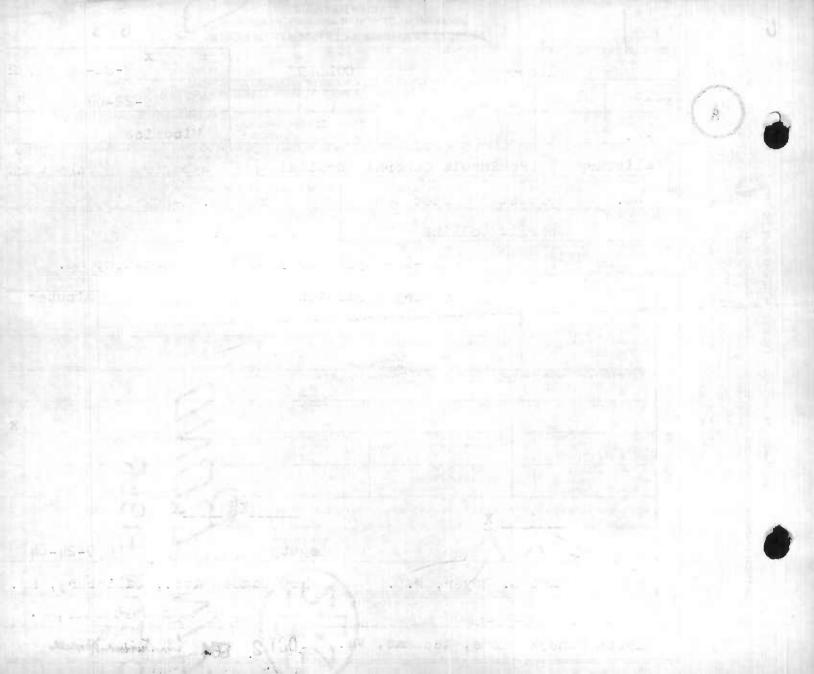
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	CEASED NAME FIRST	^	AIDDLE	LAS		2a DATE OF DEAT	H MONTH	DAY YEAR	2h HOUR
LIVER	OR PRINTS								
CLEAR	Asbiel			CA	UDELL		SEPT.	26 1981	11205 1
3. SE)		4 RACE		5. DATE OF		& AGE (IN YEARS LAS		IF UNDER I YEAR	
). SE/	^	4 KACE		MONTH	DAY YEAR	B ACE (INTERNATION	, ominoai,	MONTHS DAYS	
	Male	White		08	18 1922	62	YRS		
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
	COUNTRY)			MARRIED	NEVER MARRIED				
		U.S.		WIDOWED		Wicomi	20		1
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OTHER INSTITUTION	ITYPE OF WORK FOR ME	AMON		OF BUSINESS C
Sa	lisbury	Penins	sila Ger	neral	Hospital	Mechan			
	AL RESIDENCE (IF NURSING HOME OF				позрісці	Mechai	110	A.	r For
13a. S	STATE 136 COU		13c. CITY OR TOW		3d INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COD	DE (1	1414
	Del. Su	ssex	Greenw	boov	YES NO X	RD#2	Box 1	39 Br:	dgevi
14 FA	THER'S NAME			1	5 MOTHER'S MAIDEN NA				
1	Shorman	MIDDLE	LAST		FIRST	MIDD	l E		LST
	Sherman		Caude		Lilli			S	andlin
16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SECL	JRITY NO.	17 INFORMANT	AE	DRESS		
C		VII	401=26	-2355	Marie			Caude	11
	L			1					XIMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D RY.							
	IMMEDIA	TE CAUSE (o)	SUBARA	CHNOIL	HEMORA	HAGE		2	PATS
	C==490=== 4 == =301	DUE TO, OI	R AS A CONSEQU	ENCE OF					
	Conditions, if any, which	((b)	R AS A CONSEQU	ENCE OF					
	gove rise to immediate cause (a), stating the	(b)	R AS A CONSEQU						
	gove rise to immediate	(b)				· · · · · · · · · · · · · · · · · · ·			
	gove rise to immediate couse (a), stating the underlying couse last	(b)	R AS A CONSEOU	ENCE OF	OT BELATED TO THE TERM	NINAL DISEASE OR C	ONDITION	IVEN IN PART 1	
N	gove rise to immediate cause (a), stating the	(b)	R AS A CONSEOU	ENCE OF	OT RELATED TO THE TERM	NNAL DISEASE OR C	ONDITION G	IVEN IN PART 1	(0
TION	gove rise to immediate cause (a), stofing the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEOU	ENCE OF					
CATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OI	R AS A CONSEOU	ENCE OF	OT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY?	20b IF Y	ES, WERE FIND	INGS USED
IFICATION	gove rise to immediate cause (a), stofing the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEOU	ENCE OF			20b IF YI		INGS USED
ERTIFICATION	gove rise to immediate cause (a), stofing the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUE	DEATH BUT N	WAS PERFORMED	200 AUTOPSY?	20b IF YI	ES, WERE FIND FIFYING CAUSE YES []	INGS USED S OF DEATH?
L CERTIFICATION	gove rise to immediate couse (a), stofing the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(b)	R AS A CONSEQUE	ENCE OF DEATH BUT N OPERATION		200 AUTOPSY?	20b IF YI	ES, WERE FIND FIFYING CAUSE YES []	INGS USED S OF DEATH?
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	gove rise to immediate couse for storing the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# ETHER NOTHY MEDICAL FRAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a Certify that () (this hosp sow the deceased alive or obove. (1) we) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (1796)	DUE TO, OI (c) 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS	PAS A CONSEQUENT OF INJURY M. MONTH D M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, I	DEATH BUT N I OPERATION AY YEAR 19 FARM FIC) SEL OND DI	WAS PERFORMED 21E. HOW INJURY OCCUR 21I LOCATION STREET 7. 24. 19 94 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN (1) 22e. ADDRESS	200 AUTOPSY? YES NO. RED (ENTER NATURE OF CITY OF death occurred on the oc	20b IF YINCERT	ES, WERE FIND IFYING CAUSE YES OUNTY 19	INGS USED S OF DEATH? NO state that Ø (we) I e couses stated
MEDICAL	gove rise to immediate couse (a), storing the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFE ETHER NOTHY MEDICAL FXAMINE 21d. INJURY OCCURRED AT WORK NOTHY OF COURSE AT WORK NOTHY OF COURSE 220. I certify that (1) (this hosp sow the deceased olive or obove (1) well (20) (did not 22b. SIGNATURE AT WORK NOTH OF COURSE 220. I certify that (1) (this hosp sow the deceased olive or obove (1) well (20) (did not 22b. SIGNATURE AT WORK NOTH OF COURSE 221. PHYSICIAN'S NAME (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DUE TO, OI (c) 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS	PAS A CONSEQUENTION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE. E deceased from SCPT 24,19 ofter death.	DEATH BUT N OPERATION AY YEAR 19 FARM FIC) SE / . ond	WAS PERFORMED TIE HOW INJURY OCCUR TIE LOCATION STREET TO 24 19 54 that in (my) (our) opinion EGREE D. ATTENDING PHYSICIAN (1) TO ADDRESS 305 / OTE 57	200 AUTOPSY? YES NO. RED (ENTER NATURE OF CITY OF death occurred on the direction of th	20b IF YINCERT IN CERT	ES, WERE FIND IFYING CAUSE YES OUNTY 19	INGS USED S OF DEATH? NO state that Ø (we) I e couses stated
WEDICAL	gove rise to immediate couse for storing the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# ETHER NOTHY MEDICAL FRAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a Certify that () (this hosp sow the deceased alive or obove. (1) we) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (1796)	DUE TO, OI (c) 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS	PAS A CONSEQUENTION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE. E deceased from SCPT 24,19 ofter death.	DEATH BUT N OPERATION AY YEAR 19 FARM FIC) SE / . ond	WAS PERFORMED 21E. HOW INJURY OCCUR 21I LOCATION STREET 7. 24. 19 94 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN (1) 22e. ADDRESS	200 AUTOPSY? YES NO. RED (ENTER NATURE OF CITY OF death occurred on the oc	20b IF YIN CERT INJURY IN ITEM 18 OR TOWN PT. 34 The date and has STAFF YSICIAN	ES, WERE FIND IFYING CAUSE YES OUNTY 19	INGS USED S OF DEATH? NO state that Ø (we) I e couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

20M 4/B2

STATE OF MARYLAND



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cor should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 is with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 states are injury, as other traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25666

١	1 -	REGISTRAR				CERTIF	ICATE OF DEATA		REG. NO).		
		CEASED NAME OR PRINT)	Sandra	. À	brie	ī	Corbin	SEF	TEMB	ER 4	1984	0830 m
		Female		White		July	24, DAY 1984		IN YEARS LAST BIRTI	YRS.	NTHS DAYS	IF UNDER 24 HRS HOURS MIN,
1	4.0	RTHPLACE (STATE OF		u. s.		MARRIE		1	OMICO	R COUNTY O	F DEATH	MD.
1	7	iyőriown of d alisbury		(IF NOT IN SUC	HOSPITAL, NURSI H FACTLITY, GIVE STREE SULA GE	T ADDRESS)	Hospital		AL OCCUPATION OF FOR MOST OF		12b. KIND OF I INDUSTRY	BUSINESS OR
N. P.	130.5	AL RESIDENCE (# NU STATE irginia	NUM COUNTY	,	GIVE RESIDENCE BEFORE 13. CITY OR TOV hincote	VN	134 INSIDE CITY LIMITS?	Ro	t ADDRESS / ute /	ZIP CODE	999	199
1		Christo VAS DECEASED EVE		uce (orbin	LIBITY NO	15. MOTHER'S MAIDEN N FIRST Unthia 17. INFORMANT	•	e Bour	len	ŁAST	.ii
3	7	VAS DECEASED EVE YES. NO OR UNKNOWN) VO	(IF YES, GIVE WA		None	ORITY NO.	Barbara Dai	sey (hincote	eague,	Virgin	ATÉ INTERVAL SET AND DEATH
7	CERTIFICATION	Conditions, if or gove rise to in couse (a), sto underlying counterlying COU	mmediate ting the use last. GNIFICANT CON	(b) DUE TO, OI (c) NDITIONS CO		JENCE OF	NOT RELATED TO THE TER	rminal dise		DITION GIVEN	APPVOX	GS USED
7		210. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER NOTIFY MI	CAUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER		YES		NO []
	MEDICAL	41.000	WHILE		REET, FACTORY, OFFICE		2H LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		226. SIGNATURE	did) (did not) v	ew the body		97 7/ 2s		NEDIC.				
1		22d PHYSICIAN'S Alfred	C. KOLL				Salisbury,	Mary	land			,
		BURIAL CREMATION	N, REMOVAL	9-7-8	4 g	ohn To	TEMETERY OR CREMATOR 250. D	23d. LC 7 Afe REC'D. B	OCATION CITY OR TOWN EMPEROR BY REGISTRAR		COUNTY VIAR SIGN	inia.



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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	ENE
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1		STATE OF MARYLAND		-1		
L	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5 6 4					
Ι'	REGISTRAR	CERTIFICATE OF DEATH	REG, NO.			
	DECEASED NAME FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR TO HOUR		
(1)	Viola M	Corbin	99	24 1198 "		
3. 5		5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR # SMEET SELECT		
	~ / - /	MONTH DAY YEAR	60	ONTHS DAYS HOURS MIN.		
1	FEMALE BLACK	6-6-1896	9 BALTIMORE CITY OR COUNTY O	AL DE VAL		
/0	BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT	MARRIED NEVER MARRIED				
	MARYLAND U.S.A.	WIDOWED DIVORCED	Wicomico Cou			
10		TAL, NURSING HOME OR OTHER INSTITUTION TY, GIVE STREET, ADDRESS)	128 USUAL OCCUPATION I TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY		
1	SAL'SGURY RIVER	Walk Mussing Hor	L _ /.			
	WAL RESIDENCE (IF NUR ING HOME OR OTHER INSTITUTION, GIVE RES			2/20/		
		ITY OR TOWN 13d INSIDE CITY LIMITS?	1008 WEST Pol	2/001		
	FATHER'S NAME	15 MOTHER'S MAIDEN N				
	FIRST MIDDLE	LAST FIRST	MIDDLE	LAST		
1/4		OCIAL SECURITY NO. 17 INFORMANT	UN KNOCO W			
100	(YES, NO PRINKNOWN) IF YES, GIVE WAR OR DATES)		C 1	1 D1 -1 10		
	100	T-RANCES	Mith 1008 We			
	18 CAUSE OF DEATH (Enter only one couse per line to PART I, DEATH WAS CAUSED BY	r (o), lb), and (c+)	\	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (b)	nebrovascular a	ccident	30min		
ŀ	DUE TO, OR AS A	CONSEQUENCE OF				
	Conditions, if ony, which ((b)	asculan occlusi	wedurase	Lins		
	gave rise to immediate	CONSEQUENCE OF				
Ш	underlying couse lost	CONSECUENCE OF				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	V IN PART 110		
Z		20 C.Z.C.3 & hlu	Acon drake	1 0		
- F¥	IN DATE CIF CIPERATION 196 CONDITION	FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED		
FIG			IN CERTIFY	ING CAUSES OF DEATH?		
CERTIFICATION	210 ACCIDENT WAS UNDERLYING 716 TIME OF INJU	IRY 1216 HOW IN ILLIRY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR			
		NONTH DAY YEAR	AMER - (ENISH NATORE OF INJUST IN ITEM 18 - AN	TTORPART 2)		
N O	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19				
MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJ	TORY OFFICE FARM ETC.) 21f LOCATION 51REET	CITY OR TOWN	COUNTY STATE		
1	WHILE NOT V		1 2 1 2			
	220 I certify that (this hampital attended the dece		7 10 Sept 9	7, that (I (we) los)		
	abore (I) he (thid this not) view the body ofter d	leath 1984 and that (my) our) opinio	on death occurred on the date and hour	and from the couses stated		
	276 SIGNATURE	DEGREE		22t. DATE SIGNED		
	(John 535, 11)	M.D ATTENDING PHYSICIAN		19-10-84		
1	334 PHYSICIAN'S NAME ITTH OR PRINT	22e ADDRESS	_ since to k = this is kind.			
22	BUDIAL COSMATION DENOVAL TON DAYS	23c NAME OF CEMETERY OR CREMATOR	y 123d. LOCATION			
730	BURIAL, CREMATION, REMOVAL 236. DATE	0.0	LITY OR TOWN	COUNTY STATE		
	10URIA1 19-14-8	4 WEST Post Office		Som. MO.		
24	FUNERAL DIRECTOR	ADDRESS / 250 D	ATE REC'D. BY REGISTRAR 256 REGISTR.	AK 5 SIGNATURE		
	Clinton F. Stewar	WEST KO DALIS. Met S	EP 1 9 1984 Gulie De	Utdan Bone		

DHMH - 16 50M 4/83 (VRA 15, 4)

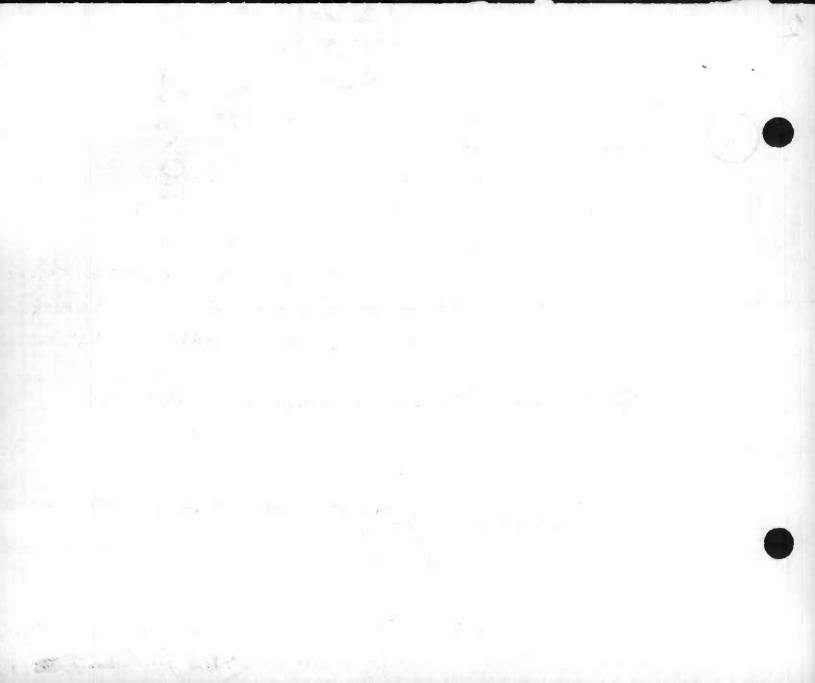
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in the should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 11 with the State Dept of Mealth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumatic event, the

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TO MOSPITAL OR ATTENDING PHYSICIAN. The fow requires that the death certificate be executed within 24 hours

eroined by the hospital or attending physician

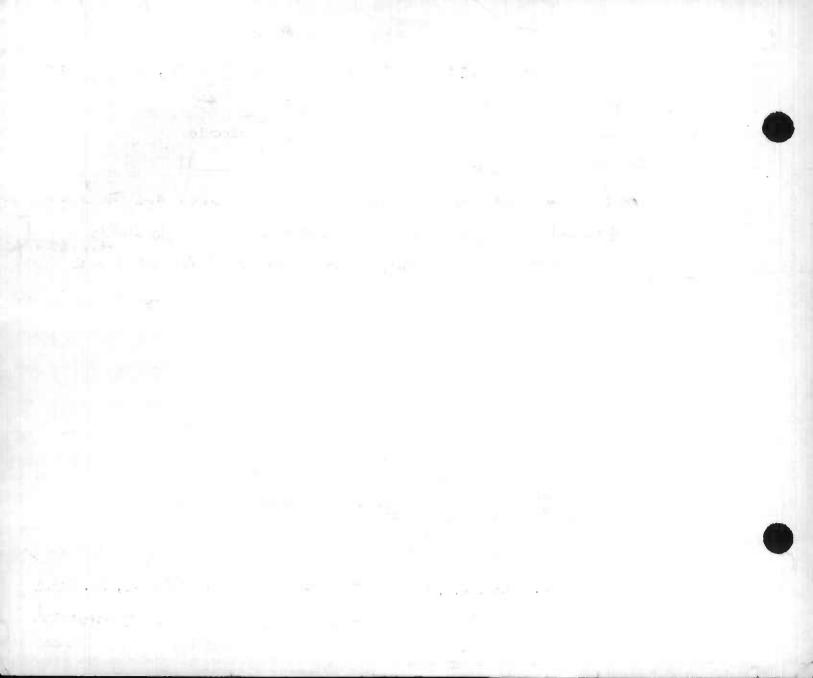


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Item 13e per phone 10/4/84 ded STATE OF MARYLAND

which are not with a common of the contract of

SALISBURY, MD 21801



within 24 hours

executed

deoth certificate be

al-tronsit permit. Then please remove corban papers. Pages

IMPORTANT: If Item 21 is more at a till m 18 shows any injury, or ather traumatic event, the should be detached for use as the Eurital-transit permit. Then please remove carbon paper with the State Dept, of Health and Mettal Hygiene prior to burial, cremation, or removals

BURIAL CREMATION, REMOVAL

signed by the attending physician

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAN 250 REC HITM HEEKS THE

	1 -	STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO	8 / I	
\		CEASED NAME FIRST OR PRINT)	Gestrude	Dishamon		BER 25,1984	26 HOUR 0724 M
	SEX	f	AA N	E OF BIRTH PAY 1916	6. AGE (IN YEARS LAST BIRT	YRS.	
3	(COUNTRY	USH WIDO	RIED NEVER MARRIED WED DIVORCED	Wicomico		MD.
1	Şa	4	NAME OF HÖSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ENINSULA Genera	l Hospital	Type of work for most of	F WORKING LIFE) 12b. KIND INDUSTRY	OF BUSINESS OR
5	13a S	Mo Some	HER INSTITUTION GIVE REPORTED BEFORE ADMISSION 130 TOWN TOWN	YES NO P	R+3 60	CHET P. A	NN END.
0		THER'S NAME AND AND AND AND AND AND AND AN	Calles	E L'IZabe	MODEL MODEL	Marsha	21
2		VAS DECEASED EVER IN U.S. ARME YES (NO OR UNKNOWN) (IF YES, GIVE W		ANdrew d	Dish rook	14350x 461	Pr. Anally DXIMATE INTERVAL IN ONSET AND DEATH
		PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	Neclife	holie deal	duise	Perelin-	
2	VIION	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO DEATH</u> B		INAL DISEASE OR CONI	DITION GIVEN IN PART I	
1	CERTIFICATION				YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 1	9	RED (ENTER NATURE OF INJUS	IY IN ITEM 18 PART LOR PART 2)	
	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY A1 HOME, STREET, FACTORY, OFFICE FARM, ETC.)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	CITY OR TO	wn COUNTY	STATE
		228.1 certify that (1) (the boundal) saw the deceased alive on above (1) (vert (did) (did not) v	9/25 19	, and that in (mg) (aux) apinion of	death accurred an the do		
,		22b. SIGNATURE	Mada		MEDICAL STAF	10315270	25/84
1		PA PHYSICIAN'S NAME (THE CHIEF	al m. o	Me ADDRESS PA Rox 26	36 Sals	shary mo	21801

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN. hospitol

(VRA 15, 4)



STATE OF MARYLAND

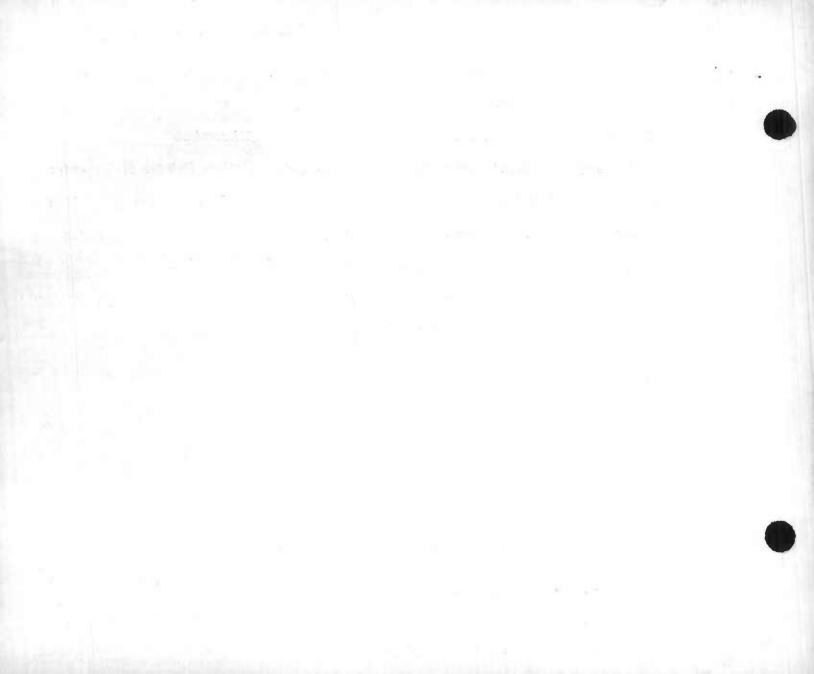
DEPARTMENT OF HEALTH AND MENTAL HYGISNE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND MENT ICATE OF DEAT	H HYGI	NE 2	5 8	7 2		
		CEASED NAME OR PRINT)	FIRST lton	Mas	on	0 11	natoon,		20 DATE OF DEATH SEPT	month t) 1,1984	6:3	5pm
À	3 SEX	Male		White		5. DATE C	DAY Y	FAR	6 AGE (IN YEARS LAST 8	YRS	IF UNDER TYEAR	HOURS	21 HRS MIN.
1	Sa	RTHPLACE ISTATE ORFO	ryland	U.S.	.A.	MARRIEI WIDOWE		ED 🗌	9 BALTIMORE CITY Wicomic	0			MD.
9	S	ty or town of dea alisbury		Penins	ula (STREET ADDRESS) General	Hospita	- 1	Retired Po	OF WORKING LIFE	126 KIND O INDUSTRY Carpe		SS OR
7	13a, S Mai	ryland	NG HOME OR O 136 COUNT Wicor	Y	13c CITY OR	TOWN	13d. INSIDE CITY LIV YES NO	_	1502 Rose	ZIP CODE Drive	2	1801	
1		Harry	L		isharo	on	Cora Cora		MIDDLE		Knowl		
		VAS DECEASED EVER I LES, NO OR UNKNOWN)		WAR OR DATES)		SECURITY NO. 0-10-8363	Same as	Mrs. #13	Martha L.	Disharc	oon (Wi	fe)	
		PART I. DEATH W	I (Enter only AS CAUSED IMMEDIATE	BY	line for 101, 1	7.					BETWEEN	imate intervonset and to	
		Canditions, if any, gove rise to imm cause (a), stating underlying cause	ediote	(b)	Circh	SEQUENCE OF							
7	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO T		200 AUTOPSY?	20b IF YES	, WERE FINDII YING CAUSES	NGS USED	H?
1		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.A	M. MONTH	H DAY YEAR	21c HOW INJURY	OCCURRI	ED (ENTER NATURE OF IN			NO L	
	MEDICAL	21d INJURY OCCURR	ED ILE	21e. PLACE C	OF INJURY	DEFKE FARM ETC.)	211 LOCATION STREET		CITY OR	IOWN	COUNTY	51	TATE
		22a. I certify that (I) (this haspital) attended the deceased from									that (1) (w		
		a. Routenberg MD, DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							22¢ DATE	SIGNED			
		John A. F			() I.D.		205 5-	Div	isioni St.	SAL	sbury.	mo	1.
		URIAL, CREMATION, I SPECHY) Burial	REMOVAL	23b. DATE 9/5/	1984		EMETERY OR CREM Cemetery	ATORY	23d LOCATION CITY OF TOWN Salisbury	Wicor	nico Mo	arylar	nd
		olloway Fu	neral l	Home, P	.A., Ŝ	alisbury,	Maryland	250 Q A	REGO. BY REGISTRA	R 25h REGIST	PAR'S SIGNAT	URE Pandel	2

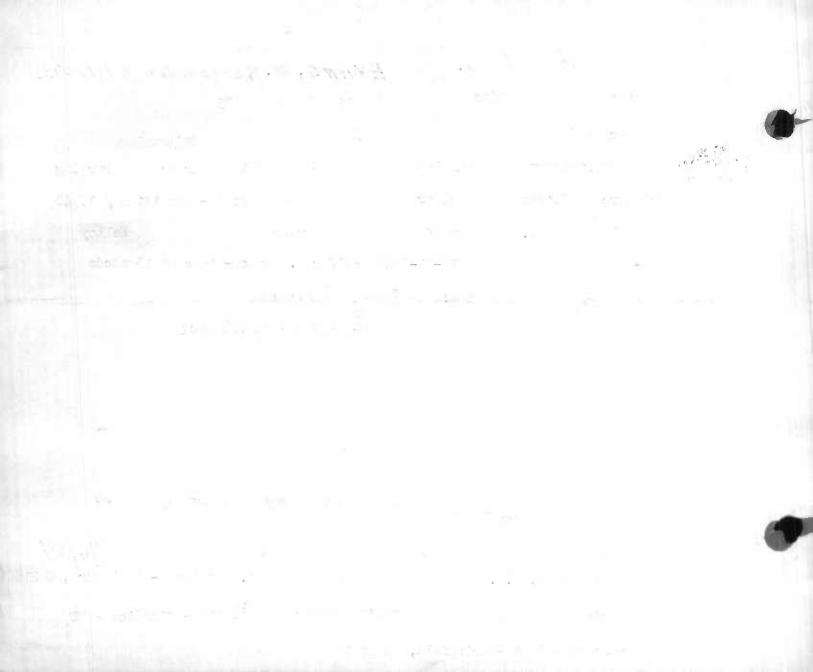
Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If them 21 is marked or frem 18 shows



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 26 HOUR JOHN (TYPE OR PRINT) Α. EVANS, JR. SEPTEMBER A AGE (IN YEARS LAST BIRTHDAY) 4. RACE 3 SEX MENTH 8 31 DAY DAYS Male White 1909 BIRTHPLACE I STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland TISA WIDOWED Wicomic DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital Salisbury Farmer Farming USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Sus sex 13e STREET ADDRESS / ZIP CODE Delmar 113d INSIDE CITY LIMITS? Delaware Rt 2 - Box 171 A 19940 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME John MIDDLE LAST MIDDLE Grace Kelley Α. Evans ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-12-3949 Keifer B. Evans - same as 13 abcde APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20h IF YES WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES T NO F Hygi 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITIM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 714 INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE WHILE 22a | certify that (1) (this hospital) attended, the deceased from Sant saw the deceased alive on and that in (my) (our) opinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN [should be determined the state 274 PHYSICIAN'S NAME THE OFFICE Peninsula Gen. Hospital - Salisbury, MD 21801 Ben Meyer, 9/9/84 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL ISPECIFY Burial Delmar - Wicomico - MD Melson's Cemetery 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Bradshaw & Sons - Crisfield, MD 21817 Critical City Com Mandall (VRA 15, 4)



20M 4/B2

STATE OF MARYLAND

- 2-8 x - 4 Malley being on any tried to be the . n. E. William stoneners eviavi nothodi basiyasi omme I efamile Mondok sizure 212-10-0703 Theodora Duker, 1109 Britishedme St., Fr. The side of the state of the same of the s the state of the same treatment of the same of the sam this in about a real material taken and the cold to the later and the cold

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death certificate be executed within 24 haurs after

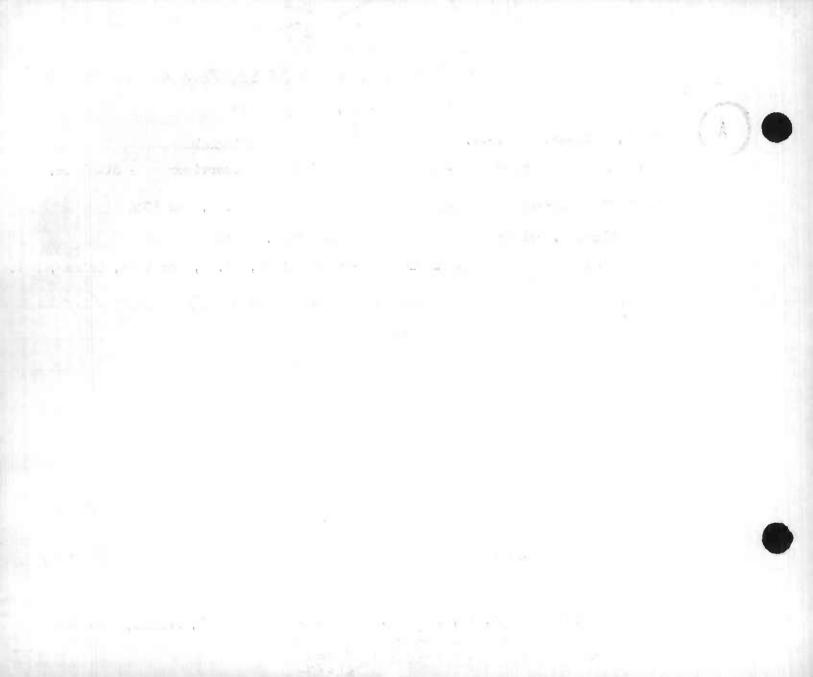
DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND

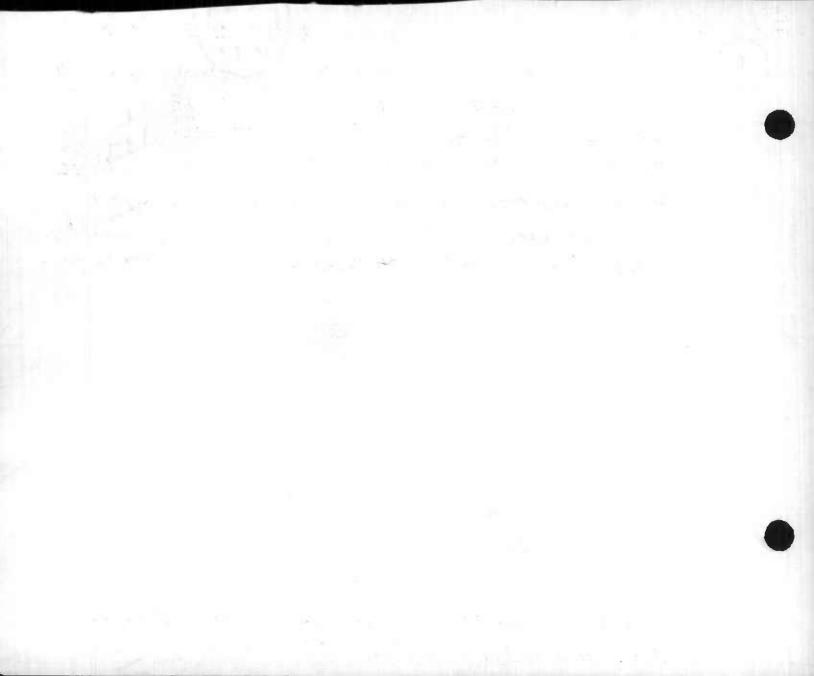
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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~	4	4	

	REGISTRAR					ICATE OF DEATH	REG.	INO.		
I. DE	ECEASED NAME	FIRST		KIDDLE	L	A51	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYP	PEARLE	=5 5	SYLV	ESTER	G	AINES, SR	SEPTIEN	RER	12 1984	0950
3. SE	Х		RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
1.	Male		Ne	gro	July	16, 1946	38	YRS		HOURS
70. E	SIRTHPLACE (STATE ORE			WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Service .	lmar, Dela		U.S.A		WIDOWE		Wicomic	<u> </u>	Table 1	
7	ity or town of DEA Lisbury					Hospital	OTTO SUPER OF WORK FOR MOS Supervis	T OF WORKING L		Co.
13a	JAL RESIDENCE (IF NURS STATE Olaware	ING HOME OR OTH 135 COUNTY SUSSEX		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRES Rt. 2. B		/ //	999
14. F	ATHER'S NAME	MIDO		LAST		15. MOTHER'S MAIDEN N			Į.A.	ST
7		J. Gai	nes			Fannie M.	Jones			
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMEL		166 SOCIAL SECUR		17 INFORMANT		RESS		19940
	No			222-28-9	9508_	Gloria Gaine	s, Rt. 2,	Box 10		mar,
		IMMEDIATE C		R AS A CONSEQUE	1/4	TACHYCARI	7117 " (1001)	2011		11/)_
	Conditions, if any,		(b)			HEART	DISFASI		YR-	5
	gave rise to improve (a), staffin underlying cause	mediate ng the last.	(b) DUE TO, OF	VALVUE RAS A CONSEQUE RIFFUI	LAB NCE OF	IC HEART	OBEAS	<u> </u>	YB.	3
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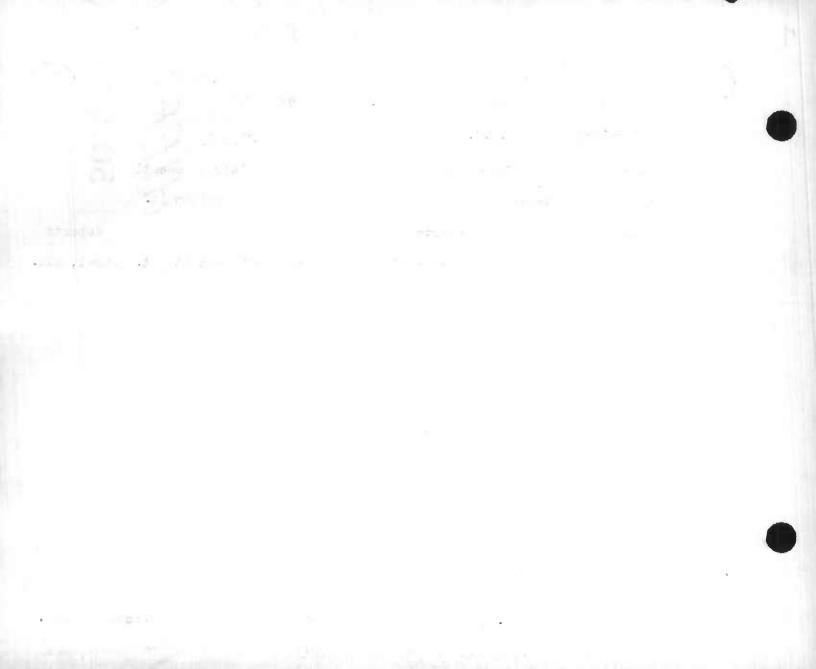
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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 26 HOUR I TYPE OR PRINTS SEPTEMSER 4. RACE IF UNDER 1 YEAR 3. SEX 6 AGE IN YEARS LAST BIRTHDAY) IF UNDER 24 HR TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH WICOMICO 76 CITIZEN OF MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH 120 USWALOCCUPATION 17b. KIND OF BUSINESS OR Salisbury Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 8 Fet 1 MEd USUAL RESIDENCE (# NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY TRANKFORD 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / IP CODE - RNDK FOR NO P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN 160 WAS DECEASED EVER LYES NO OR UNKNOWN) I IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) RESPIRATOR DUE TO, OR AS A CONSEQUENCE OF LUNG Conditions, if ony, which CANCER gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. 10 EMPHYSEMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOR YES NO [21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE AUG. 20 220.1 certify that (1) (this hospital) attended the deceased from BEAT. 19 saw the deceased alive on SEPT. 19 obove, ()(we) (did) (did not) view the body after death , and that in (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ROBERT ALLEN POCOMOKE 23 NAME OF CEMETERY OR CREMATORY CEMETER 24 FUNERAL DIRECTOR HMH - 16 50M 4/83 FOOKS FUNERAL HOME NAME (VRA 15, 4) WEST RD.& BOOTH ST. SALISBURY, MD 21801

the state of the s DE WALLEY WAS TO BE TO SERVICE THE Down The Flat connected whelever the the and

Ruth Hastings 5. DATE OF BIRTH MONTH DAY Female White 10 1893 Ja. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Exmore, Virginia U.S.A. WICOMICO COUNTY 10) CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife SALTSBURY SALTSBURY NURSTNG HOME 900 S. Salisbury Blvd. Maryland Wicomico Salisbury 13d. INSIDE CITY LIMITS? NOF FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lavinia Shockley mory 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 125 Lakeview Drive, Salisbury, Md. IYES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 214-10-6331 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE DUE TO, OR AS A GONSEQUENCE OF IL ZHEIMEN S Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the DIFFUSE underlying couse lost. DIVISION OF VITAL RECORDS, 20a AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 776 SIGNATURE MEDICAL STAFF FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 722 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WILLIAM RORING 23c NAME OF CEMETERY OR CREMATORY

9/8/1984

FOR

1. DECEASED NAME

REGISTRAR

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

1 - STATE

Holloway Funeral Home, P.A., Salisbury, Md.

Hammond Cemetery

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Salisbury

REG. NO

2b)HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NOF

STATE

1.094

84 IF UNDER I YEAR

INDUSTRY

Shockley

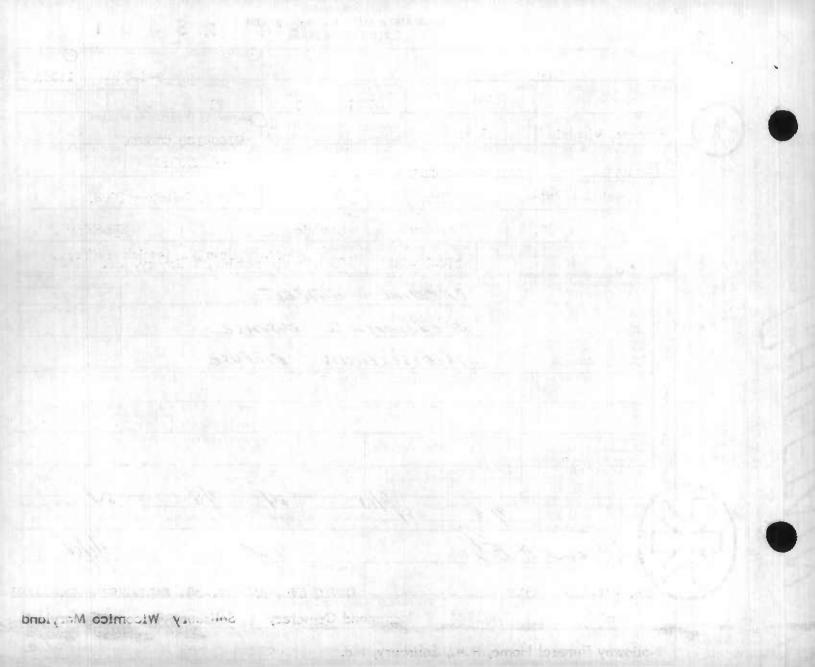
COUNTY

22c. DATE SIGNAL

Wicomico Maryland

20 DATE OF DEATH MONTH

250, DATE REC'D, BY REGISTRARIZSE REGISTRAR'S SIGNATURE Gelia Davidson-Bandall





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

	, -	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO).		
		EASED NAME	FIRST	A	AIDDLE	l.	AST		2a DATE C		MONTH DA	AY YEAR	2b. HOUR
	LIAME	Ros	e		C. He	Tring	Eon				9 1	7 94	238 "
	3. SE)			4. RACE		S. DATE C		- "		YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 24 HRS
	Fe	emale		Caucas	ian	l QI	I TO	1910	74		YRS.	JAINS DATS	HOURS MIN,
1		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8.	NEVED	MARRIED -	9. BALTIM	ORE CITY O	COUNTY	OF DEATH	
	I	ffinois	-	U.S.A.		WIDOWE		NORCED	Wic	omico	4		MD.
-	10 €1	TY OR TOWN OF DEA	TH		HOSPITAL, NURSII		OR OTHER INS	TITUTION		OCCUPATION	ON WORKING LIFE		F BUSINESS OR
1	S	alisbury	1	Penins	sula Ge	neral	Hosp	ital		sewi:			sewife
1	USUA 13a. S	AL RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFOR		13d. INSIDE (ITY LIMITS?	13. STREET	ADDRESS /	ZIP CODE		
2	Ma	aryland		cester			YES X	NO 🗌	Rt.	4 , Bo	ox 32	/21813	1
2	14 FA	THER'S NAME		MIDDLE	1245		15. MOTHER	S MAIDEN NAM	ME	MIDDLE		IAST	
	Jo	ohn		WIDDEL	McCorm:	Lck	A	nna		WIDDLE			rman
1	Ióa W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORM	ANT		ADDRE	SS		
2	1	es, no or unknown) NO	(IF TES, GIV	E WAR OR DATES)	219-44	1-166	5 Wm.	Shock	ley,	Taylo	orvil.	le, M	D
		IS CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), or	nd (cs.)	0	1				APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
		PART I. DEATH W.		E CAUSE (0)	Lysonie	e Me	sphol	ofolles					
		1.00		DUE TO, OF	AS A CONSERU	ENGE OF	1 70	10/	1-1				
		Conditions, if ony,		((b)	de	yol (x	ypu	Ma	u				
		gove rise to imm cause (a), stating	g the	DUE TO, OF	R AS A CONSEQU	ENCE OF	V	•					
		underlying cause	lost.	(c)_									
	_	PART 2 OTHER SIGN	HEICANTO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEA	SE OR CONE	ITION GIVE	N IN PART 11a	3
	CERTIFICATION												
1	ICA.	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AU1	OPSY?	206 IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
	RTIF								YES	но 🗌	YES		NO 🗌
7		21g. ACCIDENT WAS UND OR CONTRIBUTING C	_	1 216 TIME O HOUR A.	finjury M. Month D	AY YEAR	21c HOW II	NJURY OCCURR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PAR	ET 1 OR PART 2)	
	CA	(IF EITHER NOTIFY MEDIC	AT EXAMINER	P./		19							
	MEDICAL	216 INJURY OCCURR		21e PLACE C	OF INJURY EET FACTORY, OFFICE	FARM, ETC.)	211 LOCATI			CITY OR TOV	٧N	COUNTY	STATE
		AT WORK AT WOR	K L				1		.,	1	1-	all	
		22a certify that (I)		1119	deceased from_	64 8	18	19	to	7/	. 19		that (I) (me) lost
		sow the deceosed alive an 19 3 and that in (my) (our) opinion death occurred on the date and hour on obove, (1) (ma) (did) (did as) view the body after death.								ond from the c	auses stated		
		22b. SIGNATURF	2	W			DEGREE	ATTENDING	MEDICAL	STAF	E .	22c. DATE S	SIGNED
,		W	01	Morey	mp			PHYSICIAN [R PHYSIC		9/17	167
		22d. PHYSICIAN'S NA					22e ADDRES						
			orne					Power S			bury	, MD 2	21801
	23a. B	URIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR		23d. LOC	Y OR TOWN		COUNTY	STATE
	Bu	irial		9/19/	84 St	ınset	Memo:	rial Pl	k B€	erlin	Wo:	rceste	er MD

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attendin should be detached for use as the buriol-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial. cremotion, or

IMPORTANT: If them 21 is marked or Item 18 showpany

74 FUNERAL DIRECTOR
NAME
Anna A. Burbage, 108 Wms. St., BerlinSER

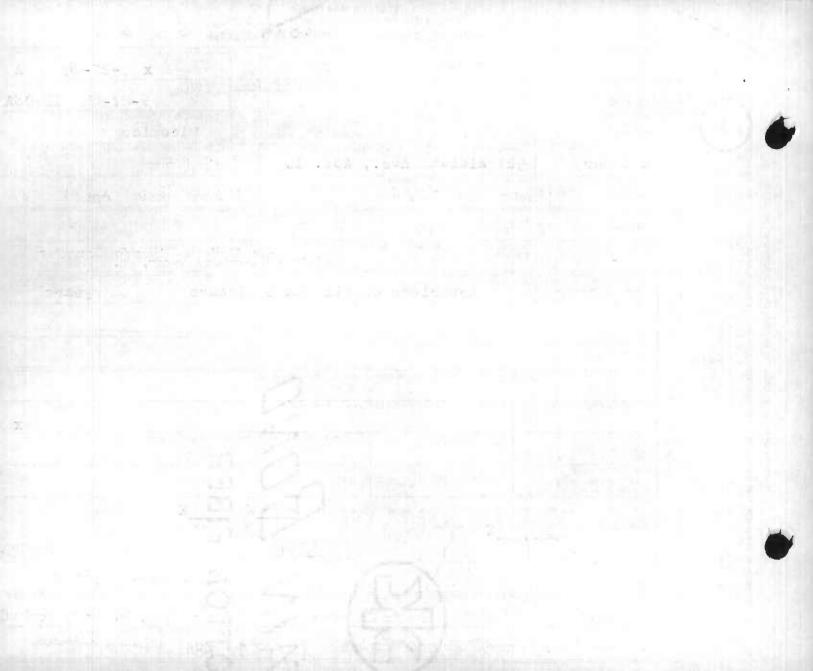
Sunset Memorial Pk Berlin

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 2 1 1000 Junior Partielle

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STATE OF MARYLAND



injury, or other troumotic event, th

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STATE OF MARYLAND

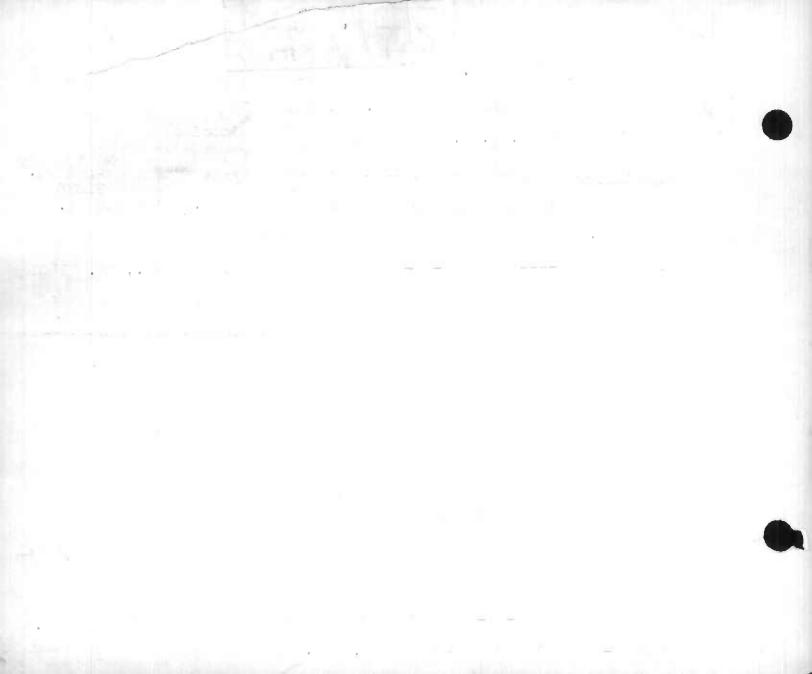
DEPARTMENT OF HEALTH AND MENTALLEYGIENE

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wha way doon Randell

FOR STATE REGISTRAR		DEPARTMENT OF F	FICATE OF DEATH	GIENE 2 5	0 0 9	
1. DECEASED NAME FIRST	LIY M.M.	- 1	HILL HILL		36. 1984	25. HOUR 6: 09 PM
3 SEX	4 RACE	5. DATE O		6 AGE IN PARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
Female	White	2	3^ 1905	79	YRS MONTHS DATE	HOURS MIN.
THPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	_	
Maryland	USA	WIDOWI	ED DIVORCED	Wicomico		MD
Salisbury	Peninsula	a General	-	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Seamstres	WORKING LIFE) INDUSTR	of Business or y ent Mfg.
JUAL RESIDENCE HE NURSING DAE O SU STATE COUL	NTY 13c CIT	ence before admission) y or town isfield	YES NO		ZIP CODE Mariners Rd	./ 21817
FATHER'S NAME FIRST Thomas	MIDDLE	rling	Mae Mac	AME	Sterling	AST
MAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b, SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE:	SS	
No	21	4-03-7673	Elmer E. Hi]	11 - same as		
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for	(a), (b), and (c).)				DXIMATE INTERVAL N ONSET AND DEATH
	TE CAUSE (o) AUU	te Lym	ghocy tic	Leukami	9 /.	month
	DUE TO, OR AS A C	ONSEQUENCE OF	,			
Conditions, if ony, which gove rise to immediate	(b)					
couse (o), stating the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF				
PART 2 OTHER SIGNIFICANT	((c)CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TERM	minal disease or cond	DITION GIVEN IN PART	lia
198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
	ATH HOUR A.M. MC	Y ONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 1 MORK ALWORK	21e PLACE OF INJU	RY	711 LOCATION STREET	CITY OR TOV	AN COUNTA	STATE
220 I certify that (I) (this hasp	ital) attended the decea	sed from 6 5 	nd that in (my) (our) opinion		ite and hour and from the	., that (1) (we) las
226 SIGNATURE	3 pr June	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22r DA	F. 26 19
Jones E	· Martin	m.o.	1300 5. C	Division St.	· , 50/1360	ry, me
30 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	9/29/84		dge Cemetery	23d. LOCATION Cristiele	d - Somerse	t - MD"
FUNERAL DIRECTOR NAME Bradshaw &	& Sons / Cri	sîîëld. M	24040	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	NO.

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ř	(let)	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 2 5 8 8 6
h	11-	1 - STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
+	1 75	T. DECEASED NAME FIRST	EDWARD HOSKINS	20 DATE OF DEATH MONTH DAY YEAR, 26. HOUR 9-5-84 9:30 AM
	\cap	1.5EX 4. RA		6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		76. BIRTHPLACE (STATE OF FOREIGN 76 CT) NOTH CAPOLINA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
102	o all the second	Salisbury Pe	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN NOTINGUICH ACLITY, GIVE SPREET ADDRESS! Eninsula General Hospital	120 USUAL OCCUPATION (1) PRE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (NOUSTEL AL
AND 212	Met 12	ENNSY VAMING POLLA	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? Philade Dhia YES NO	13e STREET ADDRESS / ZIP CODE Street 9999
MARYL	1 000	TONNY MIDDLE	HOSKINS BLUMER	MIDDLE
TIMORE	Die see	160 WAS DECEASED EVER IN U.S. ARMED F {YES, NO OR UNKNOWN} (IF YES, GIVE WAR O		ADDRESS 506 Flower Street CE BERLIN Md 21811
V ST., BAL	ng physici hon poper removal, c event, th	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	USE (0) Lung Cancer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTON	that the atouth. By the onenditions out cremation, or other travers.	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
ORDS, 20	Then plant	NOT	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	
AL RECO	A Maria Maria	RTIFIC	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
N OF VI	SECIANI outlifed conflicts weed fry hears 18.	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISIO	Aher this could be build and a	MINISTER CONTROL OF THE CONTROL OF T	PLACE OF INJURY ATHOME STREET FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	ATTEND Septial of ECTOR ed for use of a street	22a L certify that (1) (this haspital) of saw the deceased alive on obove (1) (we (did) raid not) view 22b SKONATUL	19 7, and that in (my) (our) opinion	n death occurred on the date and hour and from the causes stated
•	PITAL OR by the t EFAL DIR Suite De AMT. If In	224 PHYSICIAN'S NAME (TYPE OR PRINT	E ON MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN PASSES
	TO HOS	David E	DATE 1236 NAME OF CEMETERY OF CREMATORY	Division ST. MA 2180/
999	CBP 9	(SPECIFY BURIAL G	9-10-84 REST HEAVEN CEMETER	RY WILSON WILSON N. CATOLINA
	DHMH - 16 50M 4/83 (VRA 15, 4)	Jolley Memorial Chape	Salisbury, Maryland 21801 5	ATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	(400 10, 4)	Joney Memorial Chape		WI L L NOT



FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26 HOUR 3:05

REG. NO

IF UNDER I YEAR

IF UNDER 24 HRS

17h KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMED MINI

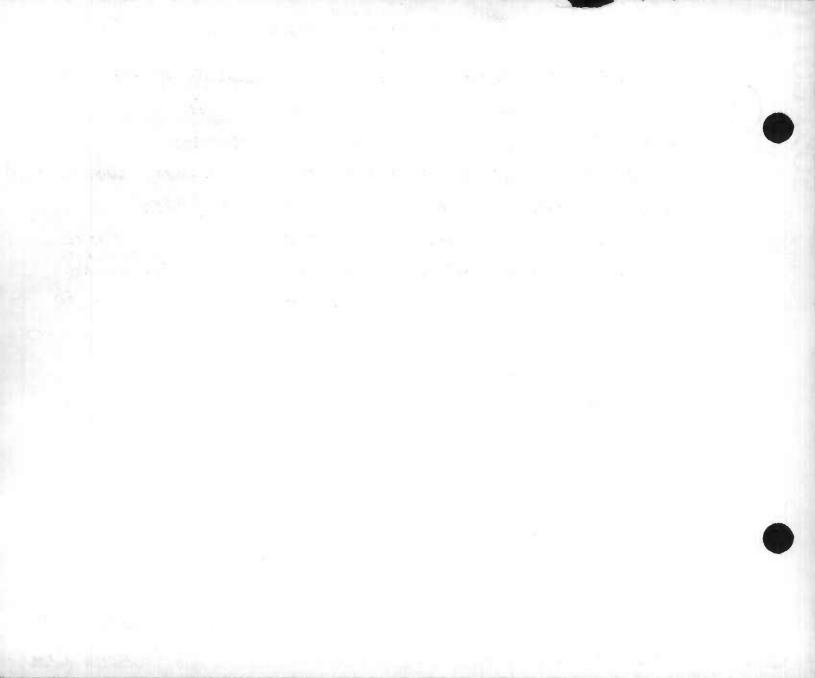
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

STATE

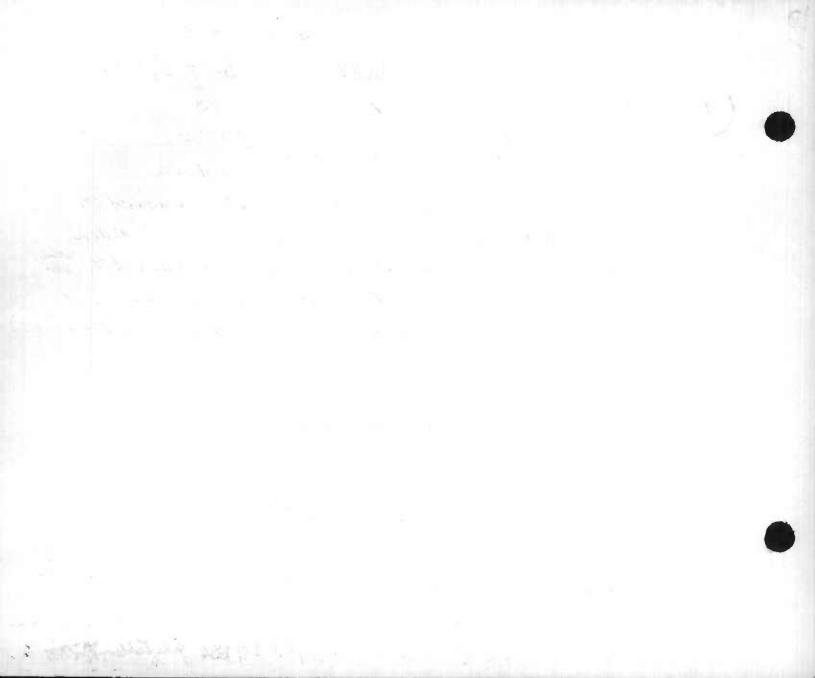
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22c. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)



	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH								
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G PHYSI offending er this ce s the burn ond Mei	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
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the hosping the hosping all DIRECTION of the Direction of		michael 6	P. Buch		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED	74			
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DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FI	UNERAL DIRECTOR	Sawaet "	West R		TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE	- ·			



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FOR

REGISTRAR

1 - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

DECEASED NAME 2e, DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTS 84 10 IF UNDER 1 YEAR IF UNDER 24 HRS AGE IN YEARS LAST BIRTHDAY 9. BALTIMORE CITY OR COUNTY OF DEATH WICOMICO 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE 130. STREET ADDRESS Civic Avenue 2/80/ Driscoll 804 Oxford Circle, Salisbury, Maryland 21801 APPROXIMATE INTERVAL ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY CITY OF TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes states 50 - CIVIC AVE., SALISBURY, MD. Burial 9/12/1984 Wicomico Memorial Pk Salisbury Wicomico Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Holloway Funeral Home, Salisbury, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

white some THE RESERVE THE PROPERTY OF THE PARTY OF THE



20. DATE OF DEATH DECEASED NAME TYPE OR PRINTS Katherine Μ. Kurth oge 4. RACE 5. DATE OF BIRTH 3. SEX WONTH P11 114 White Female MRTHPLACE (STATE OR FOREIGN BALTIMORE GITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland U.S.A. DIVORCED [WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] Salisbury Peninsula General BUAL RESIDENCE (IF NORSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Waitress Hospital 130 STREET ADDRESS / ZIP CODE 1010 First Street 13d INSIDE CITY LIMITS? Maryland Glen Burnie A.A. NO DO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Sill Marie James N. ADMaryland 21230 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Frank J. Kelly 1509 Clarkson St Baltimore 215-01-6485 No 18 CAUSE OF DEATH (Enter only one cause per line for (a) 1b PART I, DEATH WAS CAUSED BY. ond ic IMMEDIATE CAUSE (o) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 HE EITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 218 PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from saw the deceased a and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF should be deto with the State FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL Baltimore Sacred Heart of Jesus Burial 10/3/84

George J. Gonce 4001 Ritchie Hgwy Balto Md

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7b. HOUR

126 KIND OF BUSINESS OR

Restaurant

21061

Foertschbeck

NO M

STATE

Md

YES [

ulia Davidson-

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

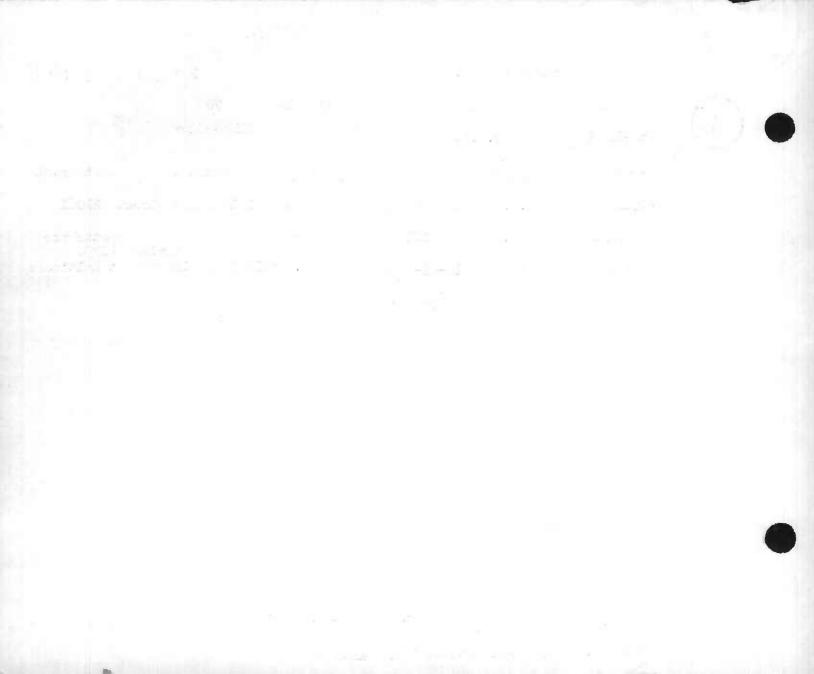
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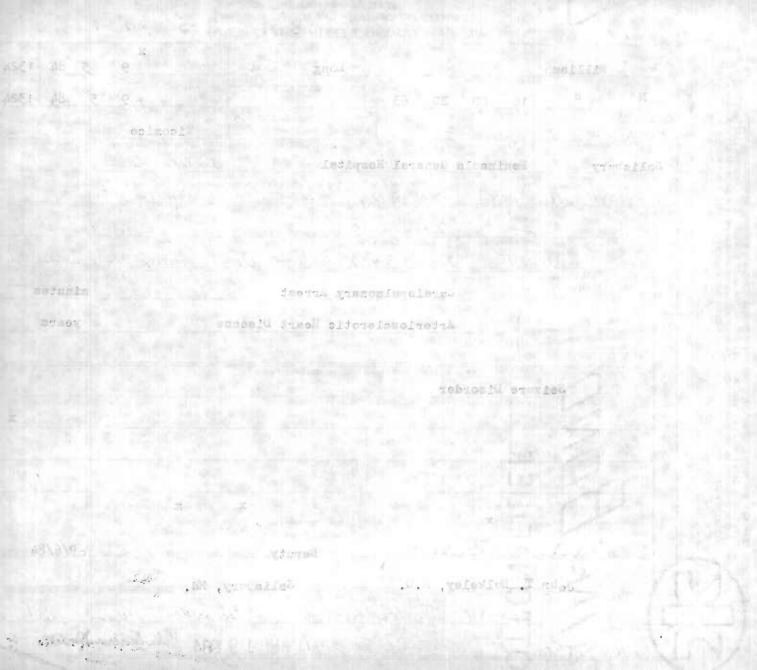
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL MYGIENE

FOR - STATE voltage a research describer of post of the later and the later of the TOTAL TOTAL TOTAL CONTRACT OF THE PARTY OF T 1001 nosmini (

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			REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										* ***	
		1. DE	CEASED NAME	FIRST		MID	DLE		LAST		7a. D	ATE KNOWN	MONTH	DAY YEAR	26 HOUR	
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	田田の手事の人		MIARULAWD			MARRIED NEVER MARRIED Wicomico									445	
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201 W. PRESTON	JTED WITHIN 24 H WENCIL IN IEM XAMINER ALONE AL-TRANSIT FEN MENTAL HYGIEN ON, OR REMOVAL	10	Conditions, if ony, which cover size to immediate (b) Arteriosclerotic Heart Disease years													
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20	2-420		(c)													
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2	VRITIN VRITIN VRDET GE 3 201 P	W	WHILE	NOT WHILE	S S	TREET, FACTORY,	FARM, ETC.)		STREET		CITY	OR TOWN	C	OUNTY	STATE	
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	AINER: FECATE SE FOR: CTOR: H THE S		27a. Leertify that I took charge of the remains described above, held on Autopsy Inspection to Inquiry to Inquiry													
2	MA HE HE HE		deoth resulte	ed fram: Nati	ural couses	X, Acc	ident .	Suicide	, Horr	nicide	Undetermin	ed monner				
4	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		TITLE (SPECIFY)													
	AHPAHA -	1	SIGNATURE_	Jal	(5)	ب ي	Usel	4	M.D. De	puty	MEDICAL	EXAMINER	DATE	NED_ 9/6/	84	
	New SET	2	EXAMINER'S	NAMO				,								
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	BATA A	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE		73c. NAME	OF CEMETER	Y OR CREMA	TORY	234 LOCAT		СО		STATE /	
	BP	17	DURIA!	1	9-8	-84	lin	ley (hallots		Tocon	NOKE	100	or v	ucl	
	DHMH · 17	74 F	UNERAL DIREC	TOR		ADDRESS		1	,	250. DATE R	EC'D. BY REG	ISTRAR 25b. R	EGISTRAR'S	SIGNATURE		
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	20M 4/82			11010	00 1.701			- 17		100		U				



I - STA		DEP ARTMEN CI	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	3
1. DECEAS		Edward	L YONS	Septembera	DAY YEAR 26 HOUR 1 1984 735 P M
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70. BIRTHP	WYORK	U.D.M. WI	ARRIED NEVER MARRIED DOWED DIVORCED	WICOMIC WICOMIC	O MD.
Sal	isbury Pe	AME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET ADDRE NINSULA GENE	cal Hospital	120 USUAL OCCUPATION (TP) OF WORK FOR MOST OF WORKING LIE POOUCE MAN	176. KIND OF BUSINESS OR DWN BUSINES
MAT	SIDENCE (IF NURSING HOME OR OTHER IN	NSTITUTION GIVE RESIDENCE BEFORE ADMI	YES NO [136.STREET ADDRESSY ZIP CODE	Ave 21801
A FATHER	UNKNOWN	LAST	15 MOTHER'S MAIDEN NAM	Now".	LAST
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a physicino on poper emoval.	AUSE OF DEATH (Enter only one ART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	cause per line for (a), (b), and (c). (SE (a) HEPATO-REA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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f o o	re rise to immediate se (a), stating the lerlying cause last.	UE TO, OR AS A CONSEQUENCE	OF TRICULAR SEPT A	L DEFECT	
Then plus to bound in lury. o	T 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 11a
CERTIFICATION	ATE OF OPERATION 19	CONDITION FOR WHICH OPE	RATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
OD -		b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
	1.0	e PLACE OF INJURY IT HOME STREET FACTORY, OFFICE, FARM. I	71f LOCATION STREET	(ITY OR TOWN	COUNTY STATE
	certify that (1) (this hospital) att saw the deceased alive an above, (1)(we) (did not) view		SEPT. 19, 19 84	, to, to	
The Diegraphics of the part of	Robert B	all		MEDICAL STAFF DIRECTOR PHYSICIAN	9/27/84
Z = 0 H	PHYSICIAN'S NAME (TYPE OR PRINT) ROBERT ALL	.t~	305 10 TH ST.	POCOMOKE, MD.	21851
23a. BURIA	CREMATION, REMOVAL 236.	7/30/1984 Jeh	OF CEMETERY OR CREMATORY CUSALEM CEM	23d JOCATION PCITY OF TOWN SOUN	wic mo.
16 50M 4/83 RA 15, 4)	al DIRECTOR BOUNDS	SALSONSU		REC'D. BY REGISTRAR 256. REGISTRAR	RAPS SIGNATURE



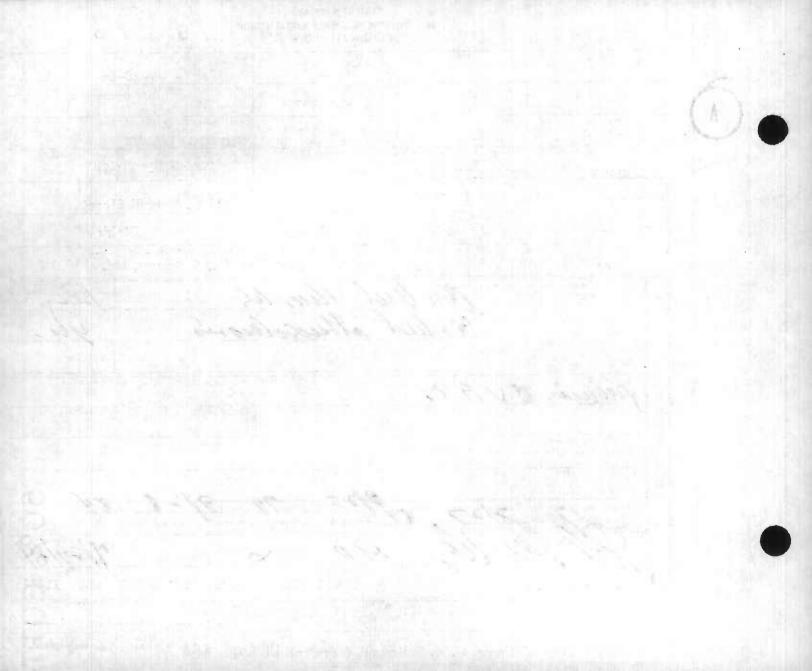
Holloway Funeral Home, P.A., Salisbury, Maryland OCT

FOR

DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S GIGNAL AND LANGUE



	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	9 7
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
)		OTH		Mason	Sept. 10	21984 QOIOM
	3 SE	A	4. RACE	5. DATE OF BIRTH MONTH DAY YEA	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MINL
		NACE	CAUC	12 03 9		
3		RTHPLACE (STATE OR FOREIGN PUNTRY) Irginia	U.S.A.	MARRIED X NEVER MARRIE	Migamias	Y OF DEATH
4		TY OR TOWN OF DEATH		WIDOWED DIVORCE		MD 12b, KIND OF BUSINESS OR
	Sa	alisbury	Peninsula G	eneral Hospital	LIVE OF MOON FOR MOST OF MORKING	(FE) INDUSTRY
	130.5	AL RESIDENCE (IF NURSING HOME OF TATE 13% COULT AT THE TATE 13% COULT AT THE TATE OF THE T	ROTHER INSTITUTION, GIVE RESIDENCE E NTY 13c. CITY OR 1 rcesterOcean	TOWN 13d. INSIDE CITY LIM		21842
4		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAID	ENNAME	
	T		B. Mason		WIDDIE	Dickerson
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS	
4		No	215-2	2-7608 Ted Brue	eckman, OC, MD	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE			2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			TE CAUSE (a)	diopulnunay (must	MWS
	z	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI		E TERMINAL DISEASE OR CONDITION G	VEN IN PART I I a
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
1	CER	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21t. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	
	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1		220 Leartify that (1) /Mis hash	ital) attended the deceased fr	om /182 10	10 9/12	. T9 89 , that (I) (Wes) last
			at) view the bady after death.	624	pinion death accurred on the date and ho	
		22b. SIGNATURE	at) view the bady after death.	DEGREE		22c. DATE SIGNED
		dine	ul M. W.	M ATTEND	ING MEDICAL STAFF	9/14/84
1	1	22d PHYSICIAN'S NAME (TYPE	WOUD	22e. ADDRESS	CHMC	7.7
	23a 1	BURIAL, CREMATION, REMOVAL	23b. DÁTE	23c. NAME OF CEMETERY OR CREMA	TORY 234 LOCATION	COUNTY STATE
	B	irial	09/15/84	Whaley Cemete:	ry Whalevwille	
	24 F	JNERAL DIRECTOR		N	E BAS REL DANGERS TO THE ROOF	ASAS FRANCISCO

(VRA 15, 4)

Anna A. Burbage, 108 Wms. St., Berlin, MD

The state of the s THE THE REAL PROPERTY.

CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH I. DECEASED NAME LITYPE OR PRINTI SEPTEMBER 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 176. KIND OF BUSINESS OR 12a USUAL OCCUPATION Peningula General Hospital INDUSTRY Salisbury 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS IN U.S. ARMED FORCES? 17 INFORMAN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate execular mia cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTHY MEDIC ALEXAMINER P.M 214 INJURY OCCURRED 211 LOCATION ö 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 270 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE ATTENDING! MEDICAL ld be deter PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT with 1 230 BURIAL, CREMATION, REMOVAL 23d LOCATION

FOR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

2h HOUR

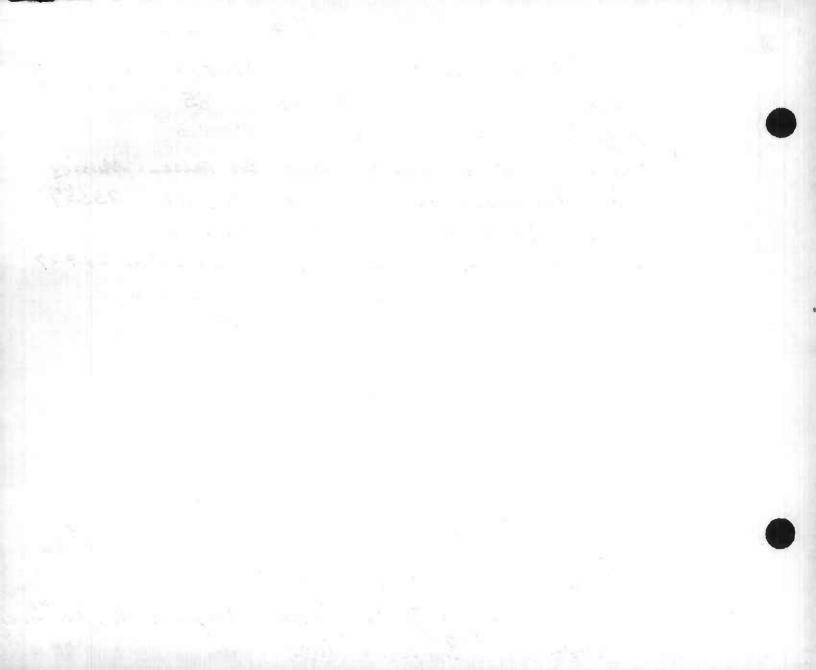
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4	1		STATE OF MARYLAND
	li.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
+		REGISTRAR	CERTIFICATE OF DEATH 8 4 RECENO. 5 9 0 2
e 6 %		CEASED NAME OR PRINT)	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
y pe		ALIC	Le Moore September 18 1984 2225 m
å å	3.58	- 1	S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
9 1		remale	Negro May 15 1921 63 YRS.
- (* A #)	7e. B	RTHPLACE PLATE OF HORSES	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
00		Va.	U.S.H. WIDOWED DIVORCED WICOMICO MD.
ie in in	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)
Electric Spirit	1 5	Salisbury	Peninsula General Hospital bomestic House Wite
hou hou	U5U 13e	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 13 GIY OR TOWN 138. INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE
ANA CALLE		I'd. Wid	comicolalisbury YES NO 8 P.O. Bx. 1241 - 21801
RYL with	14. F	ATHER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE AST
MA be down	1	homas	Conquest Hice Bloxom
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer this certificate has been signed by the attending physician and completely filled in by as the burial-strains permit. Then please remove carbon papers. Pages frank 2 should be fill than Amental Hygiene prior to burial, cremation, or removal.		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA/SECURITY NO. 17. INFORMANT PORESS BY 1241 Md. 215-20-4365 Lengel Moore Salisbury, Md.
TIMO		NO	
BAL sore soper wel.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line for (a), (b), and (c)
ST.,			ATE CAUSE (0). Splicemea
onding corb			DUE TO, OR AS A CONSEQUENCE OF
deo deo otte nove		Canditians, if any, which gave rise to immediate	(16) Infected Right Dig (humb
V. P.		cause (a), stating the	DUE TO, OR AS A CONSPOUENCE OF
thoir thoir or or or or or		underlying cause last	with Gangrene
signe ben p o bury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEEASE OR CONDITION GIVEN IN PART 110
ORD red red vinjering	18	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER MICH WAS DEFINED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED
low low serm seepr	5	148 DATE OF OPERATION	IN CERTIFYING CAUSES OF DEATH?
VITAL N. The yysicion cote h ronsit pronsit pr	CERTIFICATION	218. ACCIDENT WAS UNDERLYING	YES NO YES NO YES NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
Physical Hander of Hysical Hys		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR
IYSICIAI ding ph s certifus buriol-tr Mentol	MEDICAL	# EITHER NOTIFY MEDICAL EXAMIN	P.M. 19 21e PLACE OF INJURY 21I LOCATION
ISIOI	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIN O O O O O O O O O O O O O O O O O O O		AT WORK AT WORK	pital) attended the deceased from 9 /14 19 for to 9/10 19 for that (I) (we) lost
OR: OR: OR: THe			in 19 2 and that in (my) (my) arrived daith arrived on the date and hour and from the course stated
A A I A A I		abave, (1) (we) (did) (did r	act) view the body after death. DEGREE 221. DATE \$180 FD
L OR A		(X)	S / han MAD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
HOSPITAL ined by th FUNERAL uid be dete vite Store ORTANT: I		224 PHYSICIAN'S NAME (SYPE	ORPRINI) ORPRINI) 1 22e ADDRESS
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stork		(RF1117	OS. CHAN 597- A Riverside Dr
Of Shape	23a	BURIAL, CREMATION, REMOVA	
BP		(PE) FY)	9-21-84 Friendship Com Windshill country
	24 F	UNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 250 REGISTBAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	NAME ()	Alican 10 Church 1/2 OCT 2 Con Min Minister Render

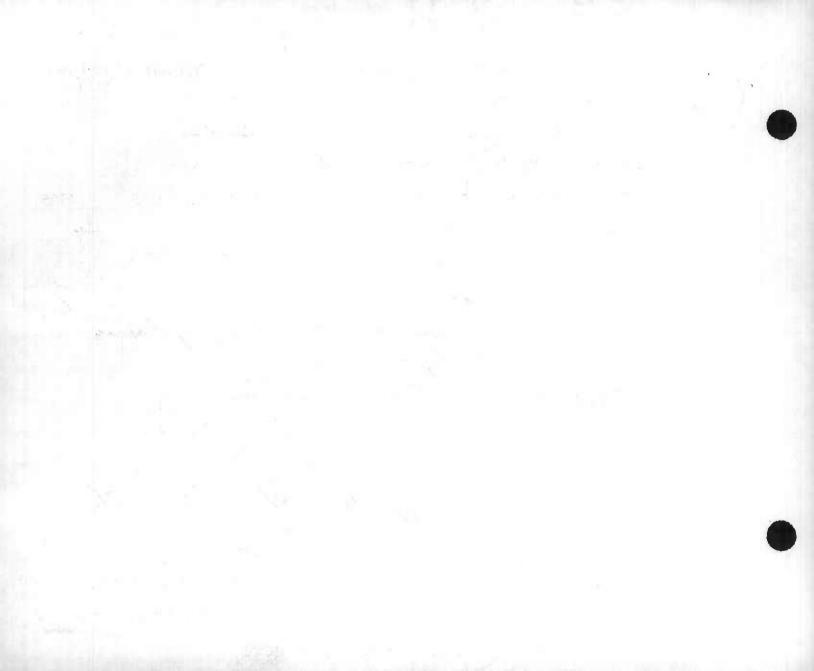
- transfer of the same of the Balling Company Spine Mar William Miss Salisbury 5 PL Balls 1841 = 21831 To a ser I to the French ship the weather the Adre Va A CONTRACTOR OF THE STATE OF THE PROPERTY OF THE PARTY OF

Holloway Funeral Home, P.A.,, Salisbury, Maryland

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE.



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

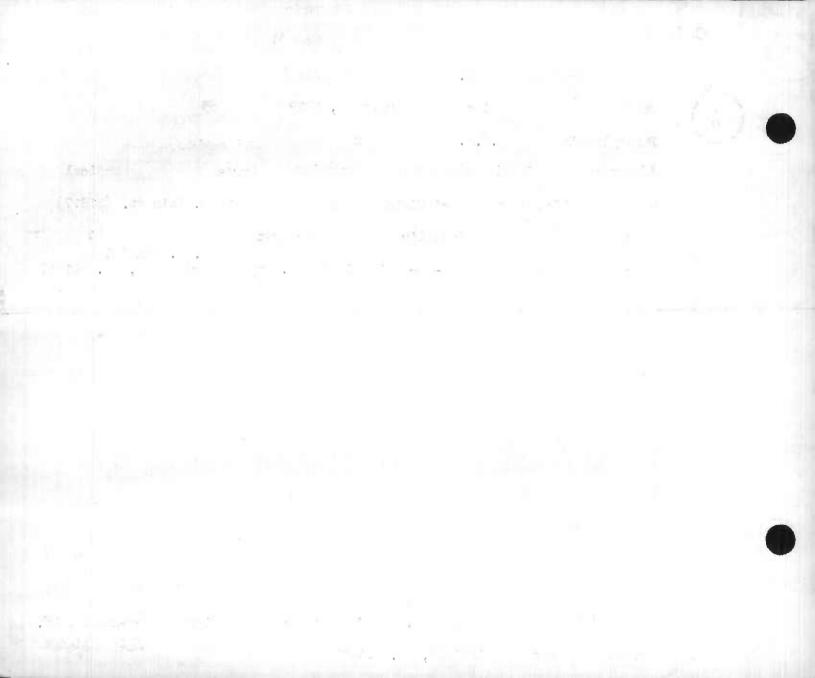
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR					CERTIF	ICATE OF DEATH		REG. NO	.	O 4		
		CEASED NAME	FIRST	MIDDLE			l l	AST	2a DATE O	26 HOUR				
	(114)	D	OROTI	IY .	M.		Pa	pa (PAPA)	September 19,1984 1					Μ
	1. SEX	x		4 RACE		5	DATEC		6. AGE (IN)	EARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HR	_
N		Female White					Augu			55	YRS	JAN	TIOOKS MIN	
1	l- Bi	RTHPLACE STATE OF I	OREIGN	76. CITIZEN OF	WHAT COUN	ATRY? 8	MARRIE	D NEVER MARRIED	9. BALTIMO	RE CITY O	R COUNTY	OF DEATH		
u	m.	Pennsylvan	ia	U.S.A.			VIDOWE		Wicc	mico			٨	AD.
1	10. CI	ITY OR TOWN OF DE	ATH	EIF NOT IN SUC	HEACHITY GIVE	STREET ADD	ORESS)	OR OTHER INSTITUTION	120 USUAL	OCCUPATION OF O	ON F WORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS O	R
		lisbury	1	Penins	sula (Gene	eral	Hospital	Nurse			Medic	al	
7,0	13a S	AL RESIDENCE (IF NURS	136 COU	VIV	13t. CITY OF	BEFORE AD		13d INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE			
1		ryland	\\Son	erset		sfie		YES X NO	617 W. Main S			步。(21817)		
11	14 FA	ATHER'S NAME FIRST		WIDDLE	LAS	ST.		15. MOTHER'S MAIDEN NAM	ME	WIDDLE	+	1451		
0		John			Laug	hlin		Margare	t			2 AST		
2		WAS DECEASED EVER		RMED FORCES? 166 SOCIAL SECUR			IY NO.	17 INFORMANT	PADDROS		SS Box 101			
		no		ne	219-	<u>60-0</u>	613	William S. P.	apa	Cris	field,		21817	
		18 CAUSE OF DEAT PART I, DEATH W	H Enter of	nly one couse per	line for (o), (bi, and i	cut	1				BETWEEN C	MATE INTERVAL ONSET AND DEATH	4
		PARTI, DEATH W		TE CAUSE (a)	18/2	TWA	why	means le	men			-		
				DUE TO, O	R AS A CON	SEQUEN	CE OF							
		Conditions, if ony,		(b)										
		couse (a), stating the Underlying couse lost						7						
				(c)										
	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DE	ATH BUT	NOT RELATED TO THE TERM	IN AL DISEAS	E OR CON	DITION GIVE	N IN PART 110	ş	
	CERTIFICATION	19a DATE OF OPERA	TION	19h COND	TION FOR W	/HICH OF	PERATIO	N WAS PERFORMED	200 AUTO	DPSY?	28h JE VES	WERE FINDIN	IGS LISED	_
1	FIC	THE DATE OF SPEKA	178 CONO	11014101	THE IT O	LKATIO	WAS TEN ORMED			INCERTIFY	ING CAUSES	OF DEATH?		
	ERT	21a. ACCIDENT WAS UNI	DERLYING F	7 11b. TIME O	FINJURY			21c HOW INJURY OCCURE	YES	NO []	YES		NO []	_
1		OR CONTRIBUTING	AUSE OF DE						1200					
	MEDICAL	214 INJURY OCCUR	NOTIFY MEDICAL EXAMINER P. RY OCCURRED 21e PLACE				19	211 LOCATION						
	W.	WHILE NOT WE	(AT HOME, STR	STREET, FACTORY OFFICE FARM ETC)			STREET		CITY OF TO	WN	COUNTY STATE			
		22s L certify that (I)	-	ital) attended th	attended the deceased from						1	9	that (I) (we) I(150
	22a Leertify that (1) (this hospital) attended the deceased from									ed on the do				
		274 SIGNATURE	did! (did no	t) view the body after death.				DEGREE 22c. DATE SIG						
		March	em	CMY		ATTENDING PHYSICIAN			MEDICAL	STAI		9/20	1/84	
1		224 PHYSICIAN'S NO	AAME (TYPE	OR PRINT)				27e ADDRESS	A			1 (10)	10	_
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		BURIAL, CREMATION,				23c NA	ME OF C	EMETERY OR CREMATORY	23d LOC				-1,5/	-
	1	Buria]		9/22	/84	St.	Paul	L's Cemetery		rion	Son	merset	Md.	
	24 FU	UNERAL DIRECTOR			400	0000		25.00	DRESTO. BY	REGISTRAR	258. REGISTA	AR'S SIGNATI		
		Bradshaw &	& Son	s Cri	sfield	, Mc	1. 2	21817	1 24	204	000	undson-A	MANTERS	



DECEASED NAME Pennington Elmer Ernest 4 RACE 14 1912 AR White Male BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED White Top, Virginia U.S.A. Wicomico WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital Retired Lumberman Salisbury ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Worcester Stockton 113d INSIDE CITY LIMITS? Rte #1 Box 214 Maryland 15. MOTHER'S MAIDEN NAME ALIDDI E Florence Pennington James 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 230-09-2273 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stating 71h TIME OF INJURY 21c HOW INJURY OCCURRED 71n ACCIDENT WAS UNDERLYING MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M 71e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE, FARM ETC | hospital) attended the deceased from DEGREE 23a. BURIAL, CREMATION, REMOVAL

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

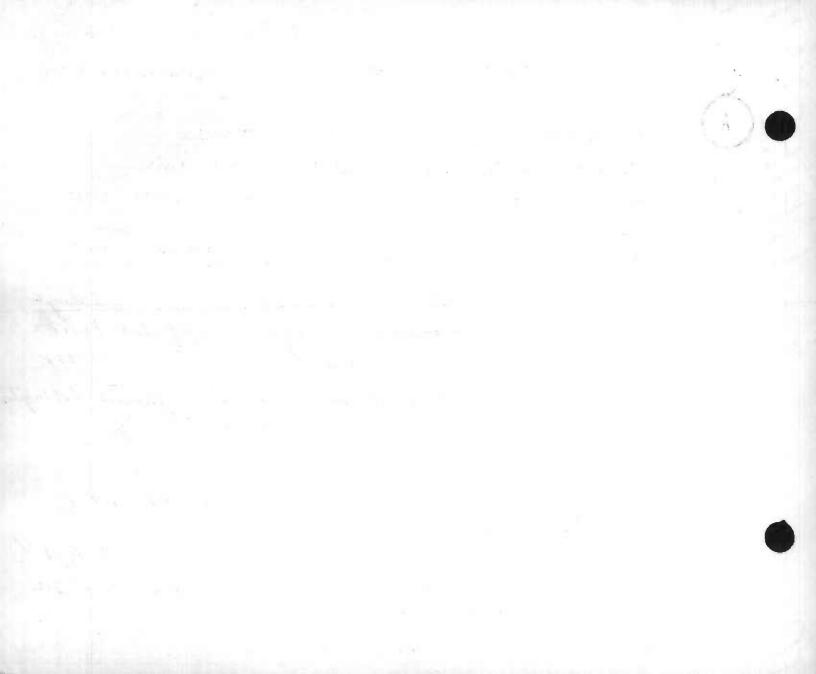
REGISTRAR

21864 Blevins ¹⁷ INFORMANT Mr. Charles J. Pennington Rte #4 Box 375, Cumberland, Md. 21502 APPROXIMATE INTERVAL BETWEEN ONSELAND DE EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFYING CAUSES OF DEATH CITY OR LOWN our) opinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Salisbury, Maryland 5 ENERAL White Top Baptist Church Cemetery (SPEBurial 9/21/1984 24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLHYGIENE

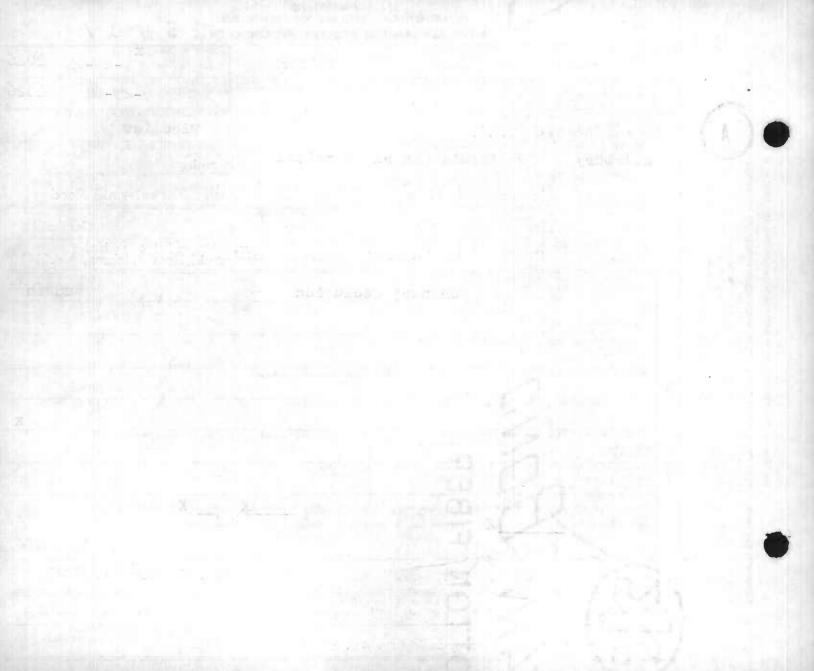
CERTIFICATE OF DEATH'

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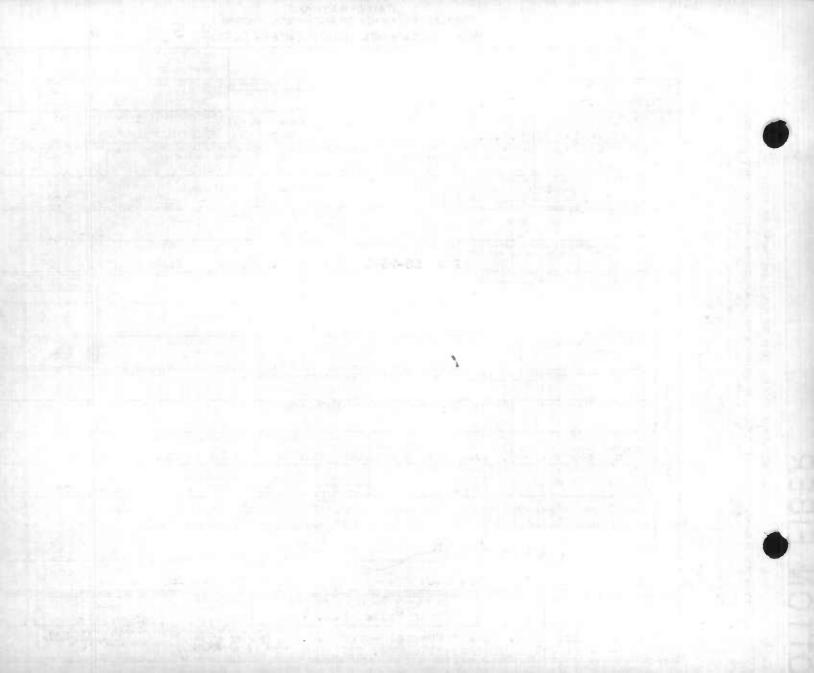


**	1		STATE OF MARYLAND	
Va	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 5 9 0 6
		REGISTRAR	MADDIE LAST	REG. NO.
6 ME		CEASED NAME FIRST		20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
ă A		Adele	Elizabeth Phillips	Sept. 13, 84 7558M
	3 SE	× ,	RACE 5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
S E A J		remale	Cauc. Nov 20 1913	7/ YRS.
a d	7a B	RTHPLACE (STATE OF FOREIGN	6 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
# EE &	1/	Vew York	U.S.A. WIDOWED X DIVORCED	Wicomico MD.
2 4 1 2 V		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201 rs of		lisbury	Peninsula General Hospital	Sales lady Department Stare
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 loold effe		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY / 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	136 SIREET ADDRESS / ZIP CODE 19999
NND 54	1 2	Irginia Nec	onack Meats YES NO D	RFD 2 23409
thir shir	14. F.	ATHER'S NAME	IS MOTHER'S MAIDEN N	AME NADIE LAST
MARY and 2 and 2		Dilliam P	15 Rold Mary -	Tane Percock
9 - / -	16a \		MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
BALTIMORE one be executed by sicion and or appers. Pages or one.	LA	YES, NO OR UNKNOWN) {IF YES, GI	WAR OR DATES) 130-12-3086 Sherwood	Phillips - RFD 2 Mears, R
ALT arte b orision ori.		18 CAUSE OF DEATH (Enter of	y ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
if the sea of the sea	1	PART I. DEATH WAS CAUSE	CAUSE 10) Interstitial Preun	noniti's
W. PRESTON ST the death cert by the ottending I se remove carbon cremation, or re-	1	IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	
STO epith thenc	1	Conditions, if any, which	(ib) Carcinona of Gr	east
PRE de de mot	1	gave rise to immediate cause (a), stating the	107	
		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
201 red b peleo pricol,	1	PART 2 OTHER SIGNIFIC ANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	ANNAL DISEASE OF CONDITION CIVEN IN PART 1:0
	Z	TAKE I OTHER SIGNALICATOR	OND HOUSE CONTRIBUTION TO SERVE OF THE TER	MINAL DISEASE ON CONDITION GIVEN INVANT TIL
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low require optending physician. After this certificate has been signs the burnel-transit permit. Then hand Mental Hygiene prior to be hand Mental Hygiene prior to broked of mm. 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? . 206 IF YES, WERE FINDINGS USED
REC	FIC			IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
ATA The ysicial property of the years of the	- 6	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCU	RRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Phy	die	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	
N YSK	PICA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 19 21e PLACE OF INJURY 21f LOCATION	
PH tend	MEDI	WHILE NOT WHILE AT WORK	(AL HOME STREET FACTORY OFFICE FARM ETC.) STREET	CITY OR TOWN COUNTY STATE
DIV Proster			5 5 5 74	0 1- + 12 84
OR OF STATE		220 I certify that (1) (this hosp saw the deceased alive ar	al) attended the deceased from 5 ept - 5, 19 84 Sept - 13, 19 84, and that in (my) am-apinia	to Sept. 13, 1984 that (I) (we) last to death occurred an the date and have and from the causes stated
ATT ATT OSPIN		obove, (I) (we) (did) (did no	view the bady after depth.	
Dep Dep		22b. SIGNATURE	DEGREE A: D ATTENDING	MEDICAL STAFF
5 x 5 7 9 2	-	1	· PHYSICIAN	PDIRECTOR PHYSICIAN 9/13/84
PUNE JA Pe	1	22d PHYSICIAN'S NAME (TYPE		1'
THE STATE OF THE S		Dames E		Division St., Salisbury, MO.
GAGAGA	23e.	BURIAL, CREMATION, REMOVAL	236. DATE 231. NAME OF CEMETERY OR CREMATORY	COUNTY - STATE A
7778077	-	Burgs	9+5-1984 Downing Cemeter	
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	For Funeral None	TE REC'D. BY REGISTRAN IN REGISTRAR'S SIGNATURE
(VRA 15, 4)	1	Restot	Tenserangevelle. Ka	a U 1904

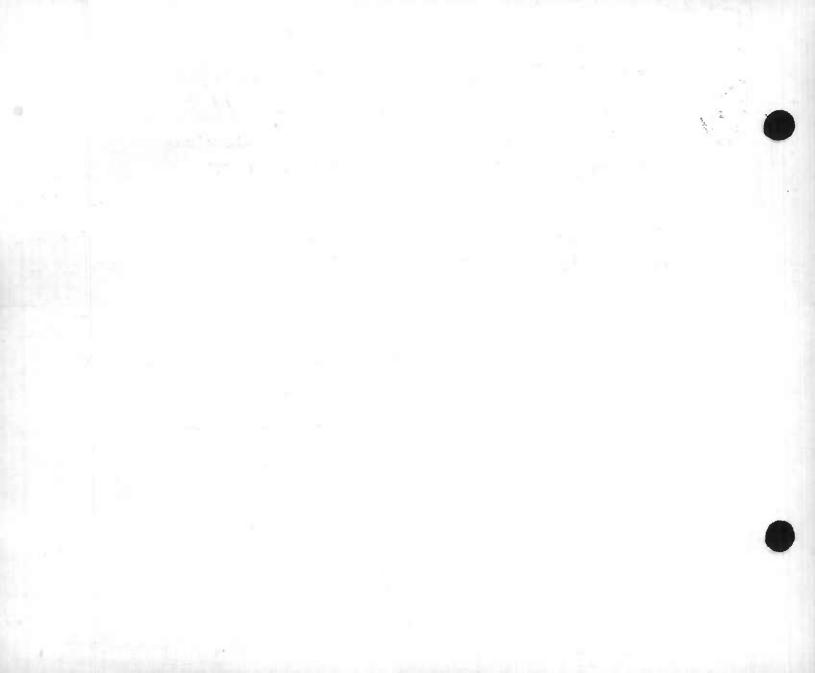




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH-REGISTRAR DECEASED NAME FIRST 2h HOUR DATE KNOWN X MONTH (TYPE OR PRINT) PISONE 10 84 DEATH MATED GREGORY 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 34 HOUR 3:40 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 1084 Male White Sept. 6, 1962 DEAD a M 22/RS Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY! Wicomico County Pennsylvania U.S.A. WIDOWED DIVORCED D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Peninsula General Hosp. Salisbury Student College WAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN T3d INSIDE CITY LIMITS? 13e. STREET ADDRESS Pennsylvania Westmoreland Export YES [NO [] Rd 3 - Box 248 15632 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST John Pisone Kosicek Anne 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. John Q. Pisone 204 -58-9575 Same as # 13 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION E 3 SHOULD BE USED. E DEPARTMENT OF HE 31 PRJOR TO BURIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR 3:45xx 9-9-Occupant in auto that went out of control. CONTRIBUTING CAUSE OF DEATH THE PLACE OF INILIRY 21 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WILL! THE STATE DEI BALTIMORE, MARYLAND, 31201 PI STREET, FACTORY, FARM FIC 1 WHILE AT WORK Rt. 611 no. of Rt. 376, Ocean City, Worcester, road Autopsy X Md. 220 I certify that I took charge of the remains described above, held on Inquiry Notural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 9-10-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 9/13/84 Twin Valley Mem. Park Burial Delmont BP Westmoreland The funeral Director Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D BY REGISTRAR'S SIGNE AND MARKET BY REGISTRAR'S SIGNE BY REG 1630 Edmondson Avenue, Catonsville, Md. 21228



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

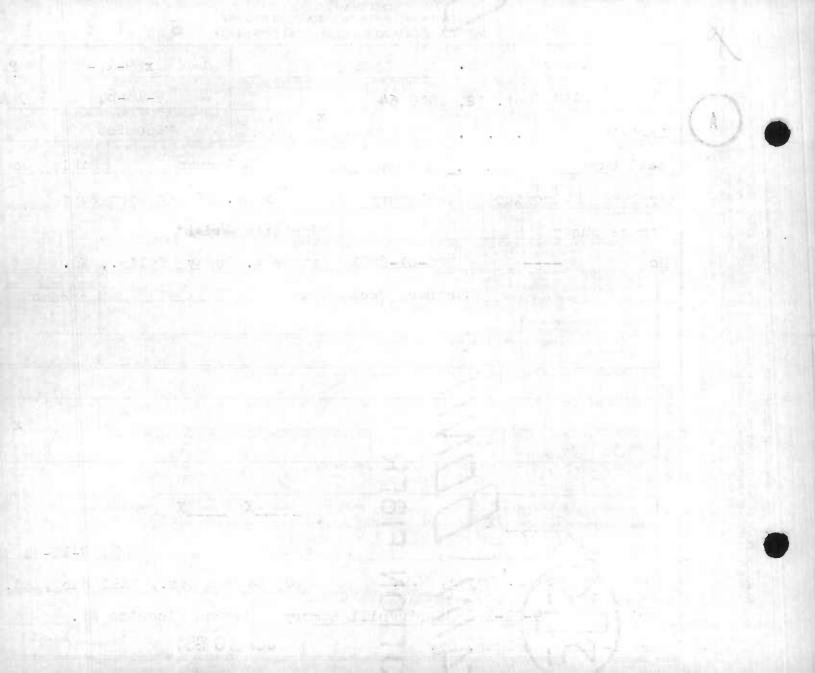
FOR

REGISTRAR

- STATE

colmon No. 1.7 | Amplys Tisking on south live. The south to the south the wertens thought an interest on the section of the land to the section of the sect . 7 1 1000 1 H St. Com Loyd Total . Market . Mark JOSEPH A. COLOSSO, OL W. And the state of t The same of the sa

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injury, or other troumotic event, the

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	-	12	1	4
2	3	1	- 1	
REG	NO.			

J	REGISTRAR		CERTIFI	CAILOIL	KAIN	REG. NO.				
1	1 DECEASED NAME FIRST	WIDDLE	LA	ST		20. DATE OF DEA	TH MONTH	DAY	YEAR	2b, HOUR
1	(TYPE OR PRINT) MAR	rin	REI	LLY			09	27	84	08:24A
	3. SEX	4 RACE	5. DATE OF			6 AGE (IN YEARS IA	ST BIRTHOAY)	IF UNDI	ER I FEAR	IF UNDER 24 HRS
	Male	White	момтн 3	21	13	71	YRS			HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED	X NEVER /	AARRIED .	9 BALTIMORE CI	TY OR COUN	TY OF DI	EATH	
	Ireland	U.S.	WIDOWED		VORCED	12 Wishowi	00			MD.
)	Salisbury	11. NAME OF HOSPITAL, NURS Peninsula Ge		HOSP.		Traffic	OST OF WORKING		DUSTRY	or BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)			13e STREET ADDR			Cari	
2	Md.	Salisbu	ry	YES [NO 🗶	Route 5,			Driv	21801 ve
2	14 FATHER'S NAME FIRST Bartley	Reilly		Briq	S MAIDEN NAA FIRST 11d	MIDI	DLE	Gav	vin	1
	16a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMA		A	DDRESS			-
	(YES, NO OR UNKNOWN) (IF YES, GIV	185-12-	-3487	Mrs.	Ann R∉i	XXXX Re	illy -	Same	as	#13
	PART I. DEATH WAS CAUSE	IN one couse per line for (a), (b), of D BY. TE CAUSE (a) DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) T. S. C. H. B.	UENCE OF	VE	-100	RT F.	AILUK 1-SE		BETWEENC	IMATE INTERVAL ONSET AND DEATH
		CONDITIONS CONTRIBUTING TO						GIVEN IN	PART 1cc	р
,	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION	WAS PERFO	RMED	200 AUTOPSY?	IN CER			NGS USED OF DEATH? NO
		HOUR A.M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER MATURE O			? PART 2]	
	OR CONTRIBUTING LEXAMINE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL AT WORK AL WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E FARM ETC)	21f LOCATE STREET		CITY	OR TOWN	CC	VINUC	STATE
	22a I certify that (I) (this hasp	ital) attended the deceased from 9 - 2 - 19 ot) view the body after death.	ast i	d that in ways	(our) opinion of	death occurred on t	he date and h	. 19	from the	that (1) (we) last couses stated
	22b. SIGNATURE PLANTE 22d. PHYSICIAN'S NAME (TYPE OF	DR PRIOR	rick		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	2	9/2	SIGNED 7/8-4
	DENNIS J. C	HODNICKI MD		QUINO	Y ÉLOC	UST ST	SALISK	BURY	m	D
	230. BURIAL, CREMATION, REMOVAL	. 236 DATE 23c	. NAME OF CE	METERY OR	CREMATORY	23d LOCATION		COUR	MTV	STATE
	(SPECIFY) Removal	9/27/84								

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR

NAME Ana tomy Board

24 FUNERAL DIRECTOR

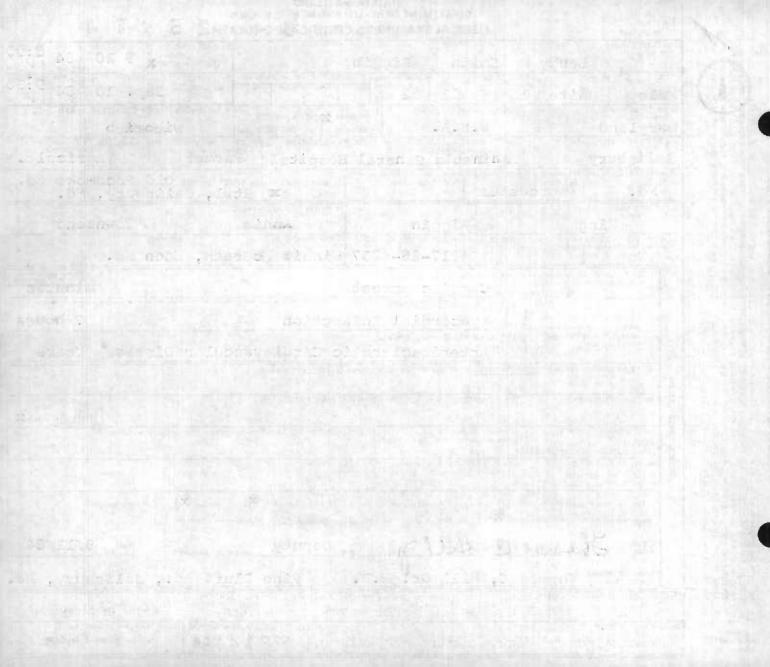
ADDRESS

Balto., Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



	1 /		FOR		DEPARTMENT OF HEA			100 -4 8	.2
	1		STATE REGISTRAR	MEI	DICAL EXAMINER	S CERTIFICAT	E OF DEATH 2	FG. NO.	4
	20		CEASED NAME FIRE OR PRINT)		th Riggi	LAST	2a. DATE KI OF	NOWN MONTH	0 84 Pr
3	FEES	3. SEX	Lat.	5 DATE OF BIRTH		FUNDER 1 YR. IF UN		MONTH	DAY YEAR 24 HOLL
1	S SING		ale Whit	e 10 6	Ol 82 YRS.	MONTHS DAYS HOUR			3
55	2000	TE BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	ARRIED & NEVER M	ARRIED T BALTIMO	RE CITY OR COUNT	Y OF DEATH
22	当年	Ma	ryland	U.	et 9	-	ORCED -	Wicomico	AA
12	WHEEL PARTY		TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR	OTHER INSTITUTION	126 USUAL OCCUPA	TION (TYPE OF WORK 1	26. KIND OF BUSINESS
DELAY	STATE OF	-	alisbury	Penin:	Sula Genera				Agricult.
21201 F ANY		13a. S	Md.	ounty Jorcester	13c. CITY OR TOWN	13d. INSIDE CITY LIMI YES NO	15? 13. STREET ADDRESS	Old Poc alisbury	omoke Rd.
MD.	73	14. F/	ATHER'S NAME FRIST King	MIDDLE	Rigain	15 MOTHER'S M	alden NAME nnie		nsend
ORE	0 300 6	15q. V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY NO			ADDRESS	
ALTIM IS AFTE	GINE P	(Y	No	S, GIVE WAR OR DATES)	217-28-423	7 Minnie	McGrath,	Eden Md.	
A ST., B	SWIT A		PART I DEATH WAS C	ter anly ane cause per line AUSED BY: EDIATE CAUSE (a) Ca	for(o),(b), and(c).) rdiac Arres	t			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INTINUTES
OT Z	A G			DUE TO, OR	AS A CONSEQUENCE OF				
PRE	A L L	17	Canditians, if any, or gave rise to imme		ocardial In	farction			? hours
RECORDS, 301 W. PRESTON ST	EXAMIN EXAMIN SIAL-TRA OR REMIA		cause (a) stating the <u>u</u> lying cause last.	nder- DUE TO, OR	AS A CONSEQUENCE OF teriosclero	tic Card	iovascular	Disease	Years
S, 3	AN ON		PART 2 OTHER SIGNIFICANT CONO	1 1 1	BUT NOT RELATED TO THE TERMINAL O				
ECORI D BE E	PENDIN EF MEDIN SED AS A HEALTH CREMATH	CERTIFICATION							
ALR OUL	S HE	\S	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED?			2D AUTOPSY?
VIT.	0	1 2	210 EXTERNAL CAUSE WA	C (01) TIME OF	avellurari e e				YES NO NO
DIVISION OF VITAL	THE VIOLED	CAL CE	UNDERLYING OR		MONTH DAY YEAR	c. HOW INJURY OCCI	URRED LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	(2)
DIVISION IS CERT	RETING RDED 3E 3 SF TE DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHIL AT WORK AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	LOCATION	CITY OR TOWN	COU	NTY STATE
Ξ.	PAC PAC STA1						[V] [7	
NER	A PER	10%		charge of the remains desi			ection X, Inquiry		nion
A W	CERTIFICA JID BE FO DIRECTOS WITH THE ARYLAND,		death resulted fram:	Natural causes [2];	Accident, Suicide			ner L.,	
AL EX	HE CENHOULD HOULD IN THE WALL DIS	1	ACTUAL SIGNATURE	uas C	Hill m.	M.D. Deput		DATE SIGNED	9/11/84
MEDIC	PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BACTIMORE, MA		EXAMINER'S NAME TI	nomas C, H	ill Jr. M.I	. ADDRESS_Pi	ne Bluff R	d., Sali	sbury, Md
<u>0</u> B		23a.Bl	URIAL, CREMATION, REMOVE Burial	9/13/1984	23c. NAME OF CEMETER Olivet Cer		23d. LOCATION Eden	Worceste	r Maryland
_	DHMH - 17		JNERAL DIRECTOR			25a. D	ATE REC'D. BY REGISTRAR	25h, REGISTRAR'S SH	GNATURE
(VR	1 A 15 ME (5)) 15M 7/77		Tõlloway Fune	eral Home, So	ilisbury, Marylo	ind S	SEP 1 4 1984	Milia Davidse	m-Aandell



for

FUNERALS

ELKTON. MD.21921

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

CERTIFICATE OF DEATH

2b. HOUR 950

HOURS

126 KIND OF BUSINESS OR

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IF UNDER 24 HRS

21921

NO [

STATE

STATE

YES [

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77: DATE SIGNE

IF UNDER I YEAR

DHMH - 16 50M 4/83

(VRA 15, 4)

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REGISTRAR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Julia Davidson-Randalle

	1-	FOR STATE REGISTRAR	DEPART		H AND MENTAL HYGI	ENE 2 5	9 1 6	Ó
	(TYPE	CEASED NAME PRINT) JAMES		ROBERTS		20. DATE OF DEATH	9- 21- 8	2b. HOUR 34 10:40 pm
	3. SEX	MZ/B	76. CITIZEN OF WHAT COUNTRY?	S. DATE OF BIR	-1913	9. BALTIMORE CITY O	YRS.	DAYS HOURS MIN.
5	C	OUNTRY	1.5A.	WIDOWED [NEVER MARRIED S	W	loomic	MD.
1	S	ALISBURY	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, OIVE STREET SALISBURY N	URSING	HOME	TZO. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	F WORKING LIFE) INDU	IND OF BUSINESS OR STRY
5	130.5	M) 136. COUD	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR HTY 13c. CLTY OR TOV	TICE YE		13. STREET ADDRESS	92349	91856
1	A.FA	John	Robinson	15. A	STAGEN NAM	WIDDIE	ones	LAST
		VAS DECEASED EVER IN U.S. AR (ES AGOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	JRITY NO. 17	EXK Ma	e Willaco	awarde	
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) or ED BY; TE CAUSE (a)	the g	Unon be	ists 1	821	PPROXIMATE INTERVAL WEEN ONS IT AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	aleid	Eleven	- 4	-,7-2.
	NOI	PART 2 OTHER SIGNIFICANT OF	PACULOSE CONTRIBUTING TO	death BUT NOT	Henreshis	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(o
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	YES NO	206. IF YES, WERE F IN CERTIFYING CA YES	
		210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE)	AIH	AY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T OR PA	Rf 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		LOCATION STREET	CITY OR TO	wn COUN	STATE
		saw the deceased alive on above (1) (we) (did) (did no	ital) attended the deceased from	, one m	nt in (my) (aur) apinion o	death occurred on the do	ate and hour and from	m the causes stated
1		AUU A	Multer	11	ATTENDING PHYSICIAN	MEDICAL STAI		128/84
/	1	DR.E.M.BEA	RDSLEY	770	5alls1	as M	1/ 21	801
		URIAL, GREMATION, REMOVAL	23b. DATE 5/84 1	RAME OF CEME	RY OR CREMATORY	234 LOCATION	antico	MISTATE

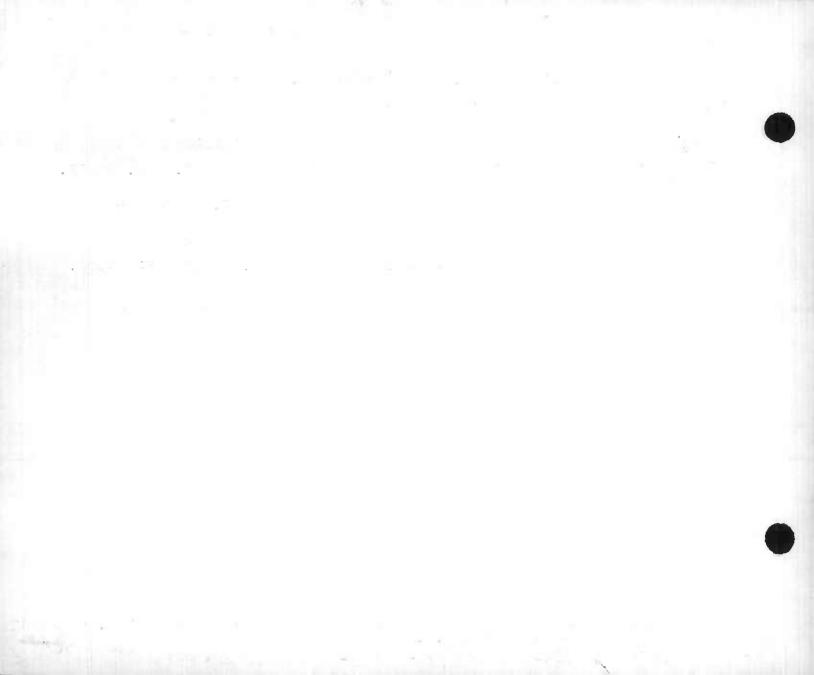
DHMH - 16 50M 4/82

(VRA 15, 4)

MPORTANT: If Item 21 is

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	1			STAIL	OF MAKTLAND			4	
Ja-	1-	FOR STATE REGISTRAR	, (EALTH AND MENTAL HY ICATE OF DEATH	IGIENE 2 S	5 9	1 /	
20		CEASED NAME FIRST	MIDDLE	ı	AST	2a DATE OF DEATH		AY YEAR	2b. HOUR
3 7	(TYPE	OR PRINT)	ш	RV	an co	Sept.	20119	284	5 24 PM
iou (A)	3. SE		4. RACE	5 DATE		6. AGE (IN YEARS LAST B	BIRTHDAY	F UNDER I YEAR	IF UNDER 24 HRS.
- K /		М	WHITE	JUNE		80	YRS	ONTHS DAYS	HOURS MIN,
Pod 4		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
the state of the	1	DELAWARE	USA	WIDOWE	D DIVORCED	Wicomic 120 USUAL OCCUPA	0		MD.
	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME C	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
10 2 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0		lisbury /	Peninsula		Hospital	(R)CONTS	. MGR	. CONS	Т.
ND 213		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	NTY 13c. CITY	OR TOWN	134 INSIDE CITY LIMITS?	R RT. # 1		24 90	9999
YLA Thin thin	J4. F/	THER'S NAME			IS MOTHER'S MAIDEN N	IAME	BUA		-
MAR Dond	1	GEORGE HENR	Y RYAN	LAST	LAURA W	YATT RYAN		LAST	
d corte		VAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADD	RESS		
IMORE in and c Pages Pages		NO (IF TES, GIV	222	-18-1102	CHRISTINE	C.RYAN, F	RANKFO		
BALT ore to sicio opers vol.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c).)				BET WEEN O	MATE INTERVAL INSET AND DEATH
ST., I		IMMEDIA	TE CAUSE (a) CARI	DIAC AN	erest.			4	
on the corbin corbin of the co	1		DUE TO, OR AS A CO						
death death or cove co		Conditions, if ony, which gave rise to immediate	(b) SEF	3/5					
by the by the safe rem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	HEART	FAILURE	5		
DS, 20 quires † quires † signed hen ple to burio	Z	PART 2 OTHER SIGNIFICANT (EN IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OITENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the trian certificate. Offer this certificate has been signed by the attending physician and campletely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filled than and Mental Hygiene prior to buriol, cremotion, or removal. Orked or them 18 spaws any injury, or other traumottic event, the medical examples make in a content of the medical examples on the content of	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
TAL The The Idean	E	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	,	Tale HOW INJURY OCCI	JRRED (ENTER NATURE OF IN	YES		NO 🗌
I OF VI SICIAN iii phys errifico riol-tror entol Hy frem 18	17.0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	NTH DAY YEAR	The tion was an occu	SINCE (FINER INFIDITE OF IN	IONT IN TIEM TO T		
ON OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJUR	19	211 LOCATION				
IVISIG PH Offen offen fer thin s the b	ME	WHILE NOT WHILE AL WORK	LAT HOME STREET FACTOR	RY OFFICE FARM ETC)	STREET	CITY OR	OWN	COUNTA	STATE
A A A A A A A A A A A A A A A A A A A		22a. I certify that (this hasp			SEPT. 26 19 84		· (720	19_84	that 🛈 (we) last
TTER Sprite Sprite for ref 121.1	1	saw the deceased alive an abave (1) (we) (did) (did no	SEPT	19 84 . ai	nd that in (our) apinio	an death accurred on the	date and hau		
Ched Ched Ched		226 SIGNATURE	20		DEGREE ATTENDING	MEDICAL ST	AFF	Pr. DATE	
Y the XAL I deto deto deto		Robert a	ll_		7.0 . PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌	9/2	0/84
OSPI ed b UNE dbe ft A		224 PHYSICIAN'S NAME TYPE C			22e ADDRESS				-
O HOSPITA etained by TO FUNER should be d with the Sto		1/	-6~		305 10 TH		TOKE	ND. 1	1851
alacada	23e. I	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
77 BP 77	74. F	REMATION	9/21/84 7 MELSON F	ISILVER	BROOK CRE	WILMING	TON NE	EWC D	ELAWARI
DHMH - 16 50M 4/83	1	The St. 11.11	FRANKFOR	ADDRESS DEL AL	ADE	ATE REC'D. BY REGISTRA	an die	Devidoor	Mondalk
(VRA 15, 4)	1	The sales	VI KANKI OK	U, DELAW	AKE	SEP 24 B	J17		



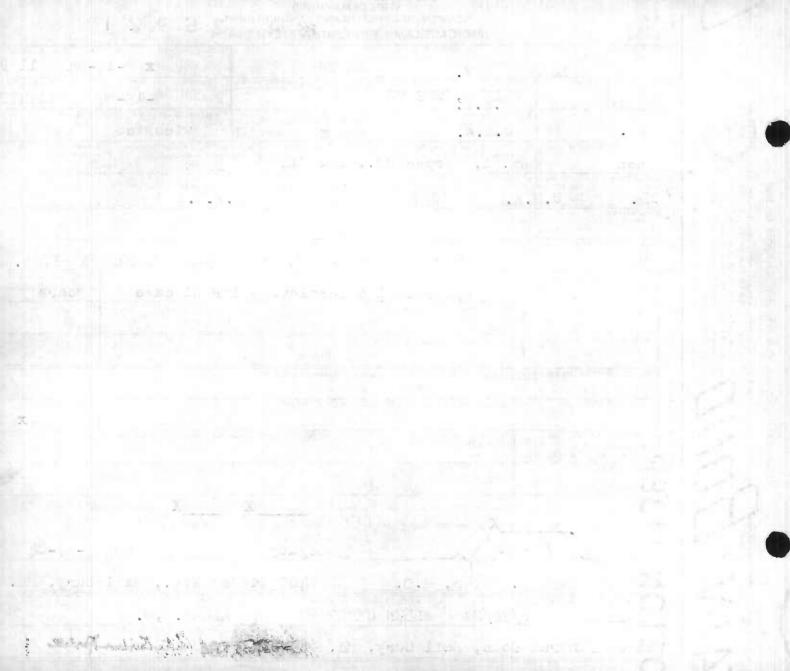
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	1,	FOR			E OF MARYLAND EALTH AND MENJAL HY	GIENE O E	0 1 9	
	Ľ	STATE REGISTRAR			ICATE OF DEATH	REG. N	D.	
y be 19e 3 deoth		CEASED NAME FIRST		R. S	nelton	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR 1135 PA
+ mo	3. 56	Fernal	4 RACE White	5. DATE C	PERTH YEAR YEAR	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR MONTHS UAYS	
	70. B	STATE OR FOREIGH SOUNTRY) JERSEY	76. CITIZEN OF WHAT	COUNTRY? 8. MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	м
1180		lisbury	Peninsul	TAL, NURSING HOME C ITY, GIVE STREET ADDRESS) a General	Hospital	120 USUAL OCCUPATI (17) E OF WORK FOR MOST O DECORRIZON		of Business OF
Hied in		JAL RESIDENCE (IF NURSING HO.		sidence before admission) ITY OR TOWN EIN City	13d. INSIDE CITY LIMITS?	1345TREET ADDRESS	re Unive 2	1842
ompletely ond 2 s	14. F	ATHER'S NAME Wayne Reyno	do	LAST	15 MOTHER'S MAIDEN NA	ber Reynolds		AST
n and co	169.	WAS DECEASED EVER IN U.S	6. ARMED FORCES? 16b S (S. GIVE WAR OR DATES) 223	OCIAL SECURITY NO. 3-22-7640	Thomas Shel	ton Ocean (
quires that the death certify isgned by the attending p her please cemove corban to buriol, cremation, or remijury, or other traumotic eventions.	NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE TERM			lio
on. hos been t permit T ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES [
PHYSICIAN T fending physici this certificate he burial-transi nd Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BITHER NOTHY MEDICAL EXA 21d INJURY OCCURRED	P DEATH HOUR A.M. A P.M. 21e PLACE OF INJ	MONTH DAY YEAR	21r. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUIL		STATE
AL OR ATTENDING the hospital or of AL DIRECTOR. After esoched for use os 1 the Dept of Health.		220 I certify that (I) (this is sow the deceased always obove, (I) (we) (did)	nospital) attended the dece e on 5 cm id not) view the body after of	/	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the do		that (II (we) losse couses stated E SIGNED
O HOSPITA		226 PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS			
₽₹ ₽₹\$ \$†	230	BURIAL, CREMATION, REMO	9-9-84		EMETERY OR CREMATORY	23d LOCATION CHYORTOWN RR Benlin	Warcasta	STATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	and Home O	ADDRESS	SFF	TE REC'D BY REGISTRAR	156. REGISTRARS SIGNA	Pendelles



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(1.	FOR		STA DEPARTMENT OF	TE OF MA		YGIENE 1	0 9 1	
4		1-	STATE REGISTRAR	ME	DICAL EXAMIN	NER'S CE	RTIFICATEO	F DEATH	REG. NO.	
,			CEASED NAME FIRST		WIDDLE	LA	51	20 DATE KNO	WN MONTH	DAY YEAR 26 HOUR
	ASE URS. EET,		LOI			SMI		OF ES DEATH MA	TED X 9-1	T IN M
	RECTOR. RETIES. R FILES. HOURS	3 SEX	4 RACE	5. DATE OF BIRTH	3. 1908 AGE INY	PAY) MONTHS	DAYS HOURS	MIN PRONOUNCED	9-15-81	DAY YEAR 2d. HOUR
	30000		PEMALE WHITE RTHPLACE ISTATE OR	76. CITIZEN OF WI	HAT COUNTRY?	RS.		DEAD • BALTIMORE	CITY OR COUNTY	
	関策数	FC	REIGH COUNTRY)	U.S.A		WIDOWED		ED W1	comico	MD.
	35323	1	Eden /	Rt. 1,		d., B	ox 54	FOR MOST OF WORKING IN NONE	ON (TYPE OF WORK 1	2h. KIND OF BUSINESS OR INDUSTRY
21201	AND 3	I Jo. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 138) COUN		PEDEN	13	d. INSIDE CITY LIMITS? YES NO	R.F.D.I		21822
P. M.D.	Print Tel- Said Said Transaction	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	1	5. MOTHER'S MAIDE	N NAME MIDDLE		LAST
TIMORE	S AFTER DE GIVE PACH ITH FORM PAGES LA IVISION O		VAS DECEASED EVER IN U.S., AR. ES, NO, OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	219-18-6		CATHLEEN	BRADSHAW	CATONS	SVILLE, MD.
TS NOT SEE W 100	UTED WITHIN 24 HOUR IN PENCIL IN ITEM IS. EXAMINER ALONG W SIAL - TRANSIT PERMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.	Z	IB CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) IMMEDIA Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF OF		cular Dis	02.5 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YOUR S
TAI BEC	HOULD BE ENDING THEF MEDICAL USED AS A PENDING OF HEALTH	CERTIFICATION	198. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPE	RATION WAS	PERFORMED?			20 AUTOPSY? YES NO
ACCORD A VITAL BECORDING	IFICATE SE TO THE WOOD TO THE CADULD BE ARTIMENT		21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	R 21c HOV	V INJURY OCCURRE) (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART	
DIVISI	THIS CERTIFIC WRITING TO VARDED TO PAGE 3 SHOI FATE DEPART 21201 PRIOR	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (OF INJURY (ATHOME, TORY, FARM, ETC.)	211 LOCA STRE		CITY OR TOWN	COUP	NTY STATE
•	DICAL EXAMINER: TE THE CERTIFICATE, A SHOULD BE FORW WERAL DIRECTOR: PEATH, WITH THE SI YORE, MARYLAND;		220 I certify that I took charge death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME [TYPE OR PRINT]	rol couses XO.		Autopsy uicide , , , , , , , , , , , , , , , , , , ,	Homicide TITLE (SPECIFY) Deputy DORRESS 409 C	Undetermined monner	DATE SIGNED	9-17-84 sbury, Md.
	TO MEI EXECUTE PAGE TO FUE BATTER	23a.B	URIAL, CREMATION, REMOVAL	36 DATE	23c NAME OF CE	METERY OR	CREMATORY	23d LOCATION CITY OF TOWN ALLEN.	COUNT	
	BP		BURIAL UNERAL DIRECTOR	9/18/84		CEME	25a. DATE R	ALLEN.	D. REGISTRAR'S SK	GNATURE
	DHMH - 17 (VR A15 ME (5))	1	Wilson Funera	.1 Home,	Salisbur	y, Md	· SEP	20 984 4	hie Bevidson	Andese



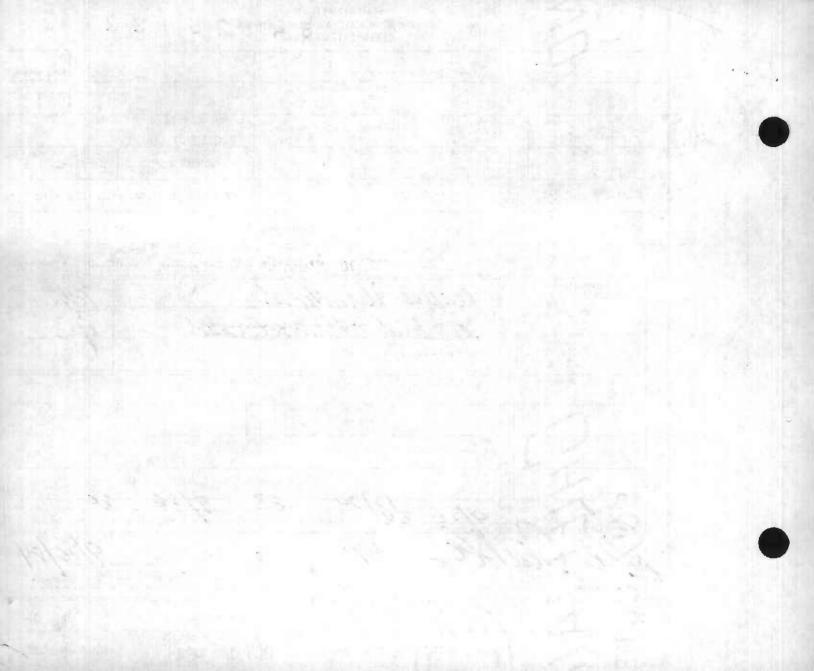
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR . • STATE REGISTRAR	DE	PARTMENT OF F	ICATE OF DEATH	GIENE 2 5 9	2 2		
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	OAY YEAR	26 HOUR	
		Lec		SOLLI			9-26-84	10:30AM	
	3. SE	× / Female	White	S. DATE (DE BIRTH DAY 1902	6. AGE IN YEARS LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN.	
2	7a. BI	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	NTRY? 8		82 y	JNTY OF DEATH		
3	Í	Pennsylvania	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	WICOMICO COL		MD.	
2	10 CI	LISBURY	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN SALISBURY NU	VE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Telephone Op	12h KIND	OF BUSINESS OR	
1	USU	AL RESIDENCE (IF NURSING HOME OR STATE Naryland Wicor	OTHER INSTITUTION GIVE RESIDEN	E BEFORE ADMISSIONS	13d. INSIDE CITY LIMITS? YES NO	314 North Pa			
2)4 FA	Peter Peter	Mushelp	eck	15. MOTHER'S MAIDEN NA (PRESENTED IN 15. MOTHER'S MOTHER'	n) MIDDLE	Kahlor	AST	
1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	IF LAVA D OD DA VEC	L SECURITY NO. -03-9818/	17 INFORMANT Mrs. 205 Glen Ave	Laura Henry (N nue, Salisbury, N	leice) Maryland	21801	
		18 CAUSE OF DEATH (Enter an PART). DEATH WAS CAUSE		this He	ronkore			NONSET AND DEATH	
	NO	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IN C	IN CERTIFYING CAUSES OF DEATH?		
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE.			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JATHOME, STREET, FACTORY,	OFFICE, FARM, BTC 1	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		174.1 certify that (I) this hospital discussed alive as foogle (I) five; (did) (did no (th. 300)) of (II).	tall attended the decrased	1084 0	DEOREE	death accurred an the date one MEDICAL STAFF DIRECTOR PHYSICIAN	ZZC DATE	, that (I) (we) last e causes stated	
1	1	DR. EARL M. BE	EARDSLEY	, ,	22e ADDRESS	RT. 50, SALISI	7	21801	
	1	BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	^{23b. DATE} 9/29/1984	Cedar I	Hill Cemetery	23d. LOCATION Suitland	COUNTY	Maryland	
	24 FU	UNERAL DIRECTOR Holloway Funer	al Home, Salís	bury, Mai			GISTRAR'S SIGNA	A	

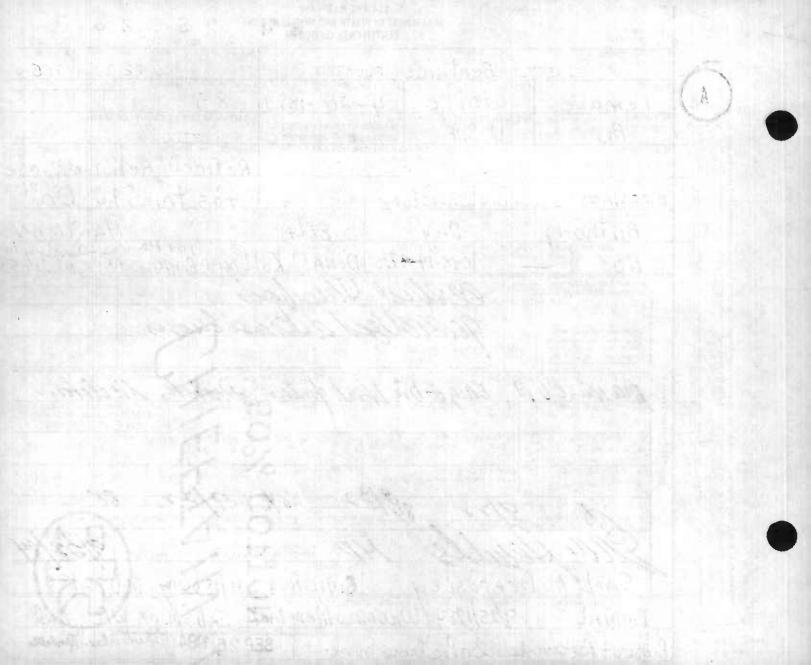
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cri

etained by the haspital or attending physician.



	1			STATE OF MARYLAND		. A. INVE
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 2 5 9	2 3
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2 TA	TYPE	OR PRINT; WINIF	FRED BEATRICE	SQUAZZO	9 2	22 1984 9:16 pm
6 ()	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
()		Female	white	4-28-189	9 85 YRS	
1 2 2 2 5 1 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
funerol thin 72		ra	V13, A.	WIDOWED DIVORCED [MD.
by the fur		LISBURY	(IF NOT IN SUCH FACILITY, GIVE STREET SALISBURY NU	NG HOME OR OTHER INSTITUTION TADDRESS) RSING HOME	12g. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS OR INDUSTRY
E 9 3	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		1 1 2/80
filled ould be with the state of the state o	N	ARY AND WI	comico SA4SB	VILY YES NO B	405 TOIN	11ty Dr.
d 2 sh	14. F	THER'S NAME	MIDDLE AST	15. MOTHER'S MAIDEN	NAME	1 N 100)
dwo Loz		HNIHONZ	VA4	ELLA		HANTMAN
Poges medico			RMED FORCES? 166 SOCIAL SECTION OF THE	272 D	APPERS HO	
rs. Po		NO	1098-14-	2130 IJONALOK	OLLMAT PriNCES	
hysic pape aval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	soly one couse per land or (a), lb .	id allent	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
bon bon ceve		IMMEDIA	ATE CAUSE 10)	an Tourneye	oco .	
on, o		Conditions, if ony, which	DUE TO, OP AS A CONSECU	Alzed nile	in alleri	
mate r tra		gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQU	This of	2000-007-5	
ose ose		underlying couse lost.	(c)	ENCE OF		
an plec buriol ny, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	SIVEN IN PART TO
t. The	CERTIFICATION	previous CU	17 engest	re Heart 4ander		Mellitur
os permes de presentados de presenta	FICA	90. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ransit p Hygien 18 show	- 1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1217 HOW IN JURY OCC	VES NO URRED (ENTER NATURE OF INJURY IN ITEM)	YES NO
		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH D	AY YEAR	OKKED (ENTER NYI DRE ON INJURY IN HEW I	TARITORPARIZI
buriol: Menta ar Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
the and ked	N N	WHILE NOT WHILE D	LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
se os ealth mor			pital) are right the deceased from	7/72 198	109/27	, 198 , that (1) (we) lost
for u of Ho 21 is		sow Macrosed olive o			on death occurred on the date and h	our and fram the causes stated
DIREC oched Dept. f ftem		215 8 11 11		DEGREE		224. DATE/SKINED
	100	X1114 X	4/11/18		MEDICAL STAFF	9/23/84
FUNERAL OID be det	1	MO. PHYSICIAN'S NAME (TYPE	OR PRIATI	220 ADDRESS	6.1.1	1 21601
TO FUNERAL should be der with the State		CARL M.	DEAROSLEY	POINTCHIA	2 DAIISDUNY, I	NO 71201
	23a	SPORT OF THE	23b. DA/E 1991 /30	NAME OF CEMETERY OF CREMATOR	23d. LOCATION	1 count 1 sais
)	24 E	JON AL	17/25/1/84/0	VICOMICO Mem 17	DATE PECID BY DEGISTRAPISCH	STEADLE SIGNIA BILDE
16 50M 4/B2 RA 15, 4)	2	NAME & BALLA	IALA Saladorifa	Sand,	SEP 26 1984	Wavidson-Randoll
10, 11	11/	CINE I TOUR	We July	Uy, IVVC		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

1 - STATE

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

retained by the haspital or attending physician

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STRE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 9 2

	- STATE REGISTRAR			CERTIFI	EALTH AND MENTAL HYGICATE OF DEATH	REG. NO).	
	ECEASED NAME	FIRST	MIDDLE	LA	151		MONTH DAY YEA	AR 2b. HOUR
(TY	YPE OR PRINT)	yda	A.	WAI	RD	September	3 1984	5:00
3 S		4. RACE	A.	5 DATE O		6. AGE (IN YEARS LAST BIRTI		
	Female		ite	MONTH		89	YRS.	AYS HOURS M
7 70.	BIRTHPLACE (STATE OR FO	d US	OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Wicomico	COUNTY OF DEAT	н
	CITY OR TOWN OF DEAT	H 11, NAME	OF HOSPITAL, NURSIN N SUCH FACILITY, GIVE STREET, P S Head Ce	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Seamstres	WORKING LIFE) INDUS	ND OF BUSINESS
US	UAL RESIDENCE (IF NURSIN	COUNTY	TION, GIVE RESIDENCE SEFORE 13. CITY OR TOW Cristie	ADMISSION)	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 25 Cove S		- 100
91	FATHER'S NAME PRIST Daniel	WIDDLE	Harrison		15 MOTHER'S MAIDEN NA		Ward	LAST
2 160.	WAS DECEASED EVER IT	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	S? 166 SOCIAL SECU		17. INFORMANT James O. Har	ADDRES	Salisbury	owlark Dr
	IR CAUSE OF DEATH	(Enter anly one cause	per line for (a), (b), and	d (c).1	scular d			PROXIMATE INTERVAL
	gave rise to imme						-	
IFICATION	cause (0), stating underlying cause PART 2 OTHER SIGN!	the DUE TO	O, OR AS A CONSEQUE S CONTRIBUTING TO E ONDITION FOR WHICH	DEATH BUT P	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
ERTIFICATION	cause (0), stating underlying cause PART 2 OTHER SIGN!	the lost. DUE TO ic	S CONTRIBUTING TO E	DEATH BUT P	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU YES []	NDINGS USED JSES OF DEATH? NO [
	PART 2 OTHER SIGNI 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE	The Jost. DUE TO IC	ONDITION FOR WHICH AE OF INJURY R. A.M. MONTH DA	DEATH BUT I		200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU YES []	NDINGS USED JSES OF DEATH? NO [
MEDICAL CERTIFICATION	Couse (O), stoting underlying couse PART 2 OTHER SIGN! 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDED OR CONTRIBUTING CA (If ETITHER, NOTIFY MEDICA) 21d. IN JURY OCCURRE WHILE CONTRIBUTION	The lost. DUE TO IC	ONDITION FOR WHICH	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL YES YES YEN ITEM 18 PART I OR PAR	NDINGS USED USES OF DEATH? NO
- 67	PART 2 OTHER SIGNI 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CASE (IF ETHER, NOTHY MEDIC) 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK 22a. I certify that (1) (saw the deced	The lost. DUE TO IC	ONDITION FOR WHICH AE OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY ACE OF INJURY B. SIREET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET 219 22 d that in (my) (9) apinion	200 AUTOPSY? YES NO CONTROL NATURE OF INJURE CITY OR TOV	20b. IF YES, WERE FIND CERTIFYING CALL YES TO THE TOTAL YES TO THE YES TO THE TOTAL YES TO THE TOTAL YES TO THE YES	NDINGS USED USES OF DEATH? NO
MEDICAL	PART 2. OTHER SIGNI 19a DATE OF OPERATH 21a. ACCIDENT WAS UNDE OR CONTRIBUTING COUNTY (IF EITHER, NOTHY MEDIC) 21d. IN JURY OCCURRE WHILE NOTHY MAD ALL WORK 22a. Certify that (1) (saw the deceased above (1) (we) (w.) 22b. SIGNATURE	The last. DUE TO	ONDITION FOR WHICH AE OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY ACE OF INJURY B. SIREET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 19 2 d that in (my) (a) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TOV death accurred on the da	20b. IF YES, WERE FII IN CERTIFYING CALL YES TO YIN ITEM 18 PART TOR PART TO P	NDINGS USED USES OF DEATH? NO 12) Y STATE
MEDICAL	PART 2 OTHER SIGNI 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CASE (IF ETHER, NOTHY MEDIC) 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK 22a. I certify that (1) (saw the deced	THE JOST. DUE TO IC	ONDITION FOR WHICH AE OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY ACE OF INJURY B. SIREET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURION 21l. LOCATION STREET 2 d that in (my) (a) apinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TOV death accurred on the da	20b. IF YES, WERE FII IN CERTIFYING CAL YES YES YES YOUNG TO PAR YO	NDINGS USED USES OF DEATH? NO 12) Y STATE The (Ne) At the causes stated ATE SIGNED

75 A SE L TOURS L COLUMN TO THE REAL PROPERTY OF THE PARTY OF And the control of th The second secon Beech pure north exist. Lamb despite a v

The extragaged at a fight of the state of the state of

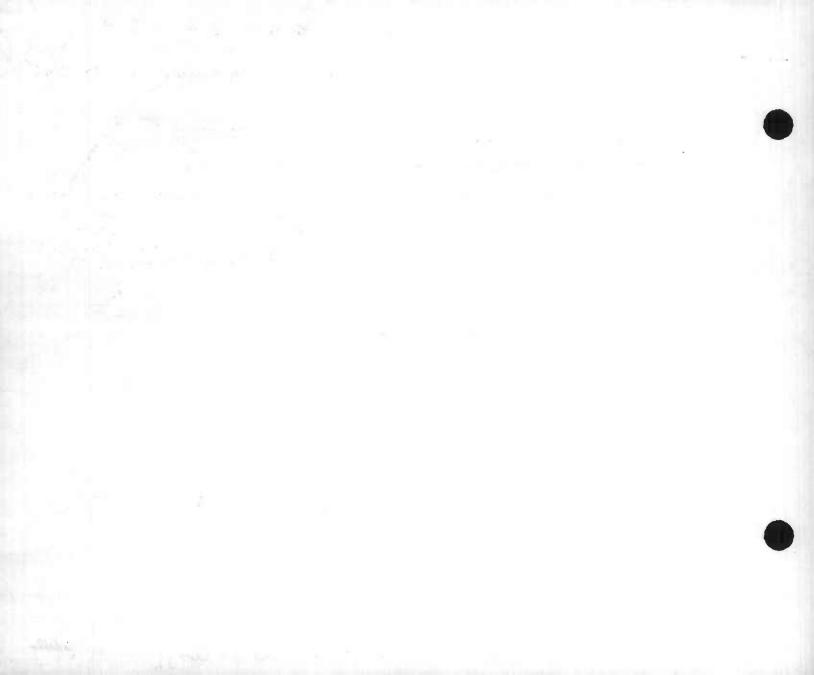
	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 5 REG. NO.	1 2 0
ı	1. DECEASED NAME FIRST {TYPE OR PRINT)	WIDDLE	(AS1	2e DATE OF DEATH MO	INTH DAY YEAR 26 HOUR
1	Margaret		wara	September	- 14 1984 2145 M
	Female 4	White	03 09 1894	6 AGE I IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
		CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR C	COUNTY OF DEATH
>	Pennsylvania	U.S.A.	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	LWTCOMTCO	MD.
>			ADDRESS HOSPITAL	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WITH	
7	USUAL RESIDENCE (IF NURSING HOME OR OT 134 STATE Wicon			13e STREET ADDRESS / Z	ide Drive 21801
1	14 FATHER'S NAME George	Griffith	ns Anne	AME	Jones Jones
	16a WAS DECEASED EVER IN U.S. ARME [YES, GIVE V	WAR OR DATES) 166 SOCIAL SECUTION 181-05-5	JRITY NO. 17 INFORMANT Mrs. 5010D 1110 Riversi	Megan Ward F de Drive, Salis	Riggin (Daughter) bury, Md. 21801
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) Ci (c) V Y DUE TO, OR AS A CONSEQUE	shituation		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
0	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
			AY YEAR	YES NO	YES NO
	OR COMMISSIONE CONTROL OF THE CONTRO	P.M. 21e PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify thotal) (this hospitol sow the discount file on obove (i) and (distributed of)	of the deceased from 19 view the body ofter death.	My, and that in my (our) apinio	n death occurred on the date	ond hour and from the causes stated
	Ili Cor	lile, 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	- 10//11
	THE PHYSICIAN'S NAME (THE COL	oclay, me	2. Salis bu	tou st	21801
	236 BURIAL, CREMATION, REMOVAL (SPECIFY Cremation		NAME OF CEMETERY OR CREMATORY TOPE Henlopen Cremo	CITY OF TOWN	Sussex Delaware

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT. IF IS

Holloway Funeral Home, P.A. Salisbury, Maryland

1984 Julia Davidson-Rodal



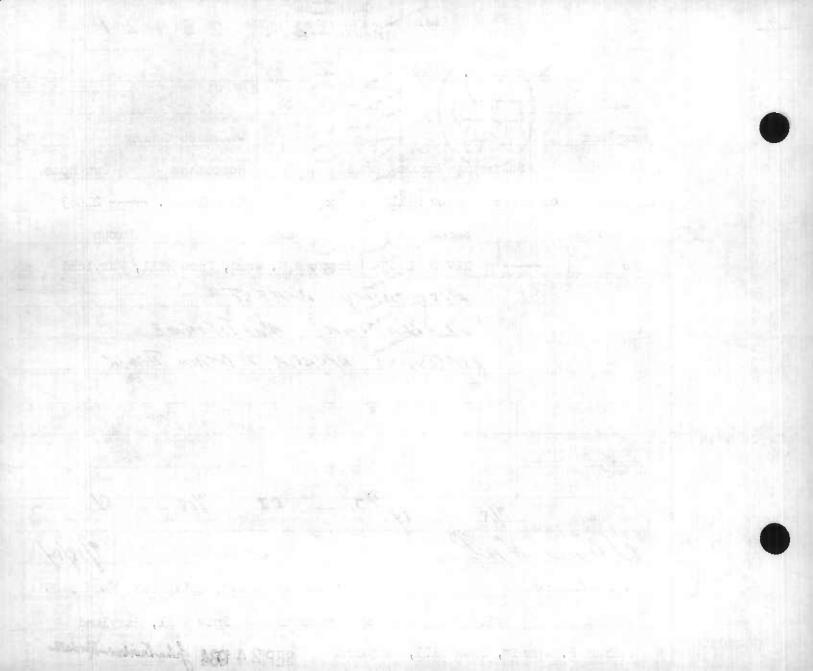
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

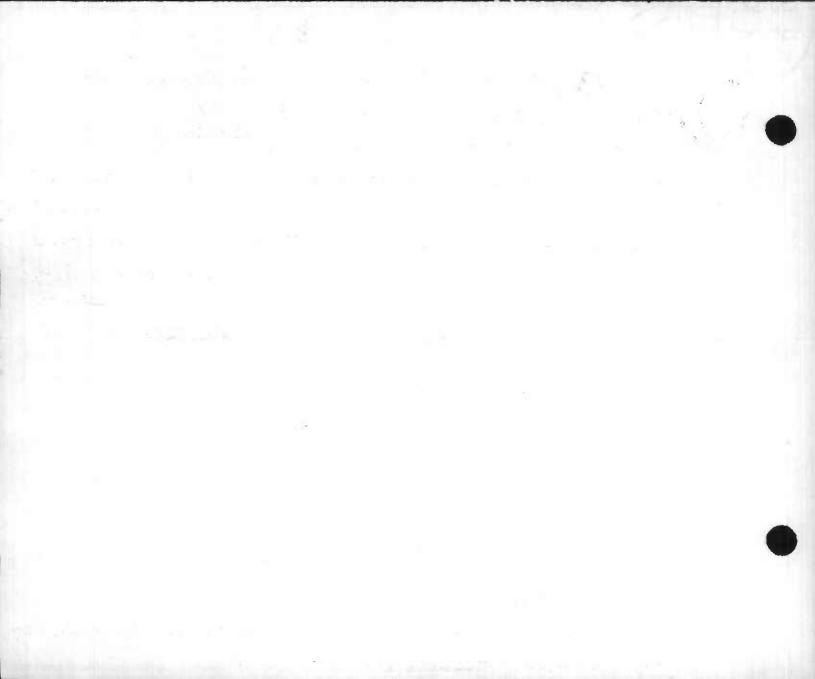
h	FOR STATE REGISTRAR	DE	EPARTMENT OF H	IEALTH AND MENTAL HYGII	ENE 2 5 9 REG. NO.	2 7	
	DECEASED NAME FIRST	WIDDLE	l l	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1"		ildred S. Wa	ard	V 16- 11	9-	18-84	1:20 PM
3	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
	Female	White	nonte 11	- 4 - 1904	79 v	MONTHS DATS	HOURS MIN
70.	8IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH	
	Maryland	USA	WIDOWE		Wicomico Cou	inty	MD.
	CITY OR TOWN OF DEATH Salisbury	Salisbury Nu	vestreet address)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	ING LIFE) INDUSTRY	OF BUSINESS OR Y Home
U:	STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDEN		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
N		cester Snow	Hill	YES NO		218	363
14.	FATHER'S NAME	MIDDLE	AS1	15 MOTHER'S MAIDEN NAM	E MIDDLE		
	George	Smack		Mary	WOOLE	Brown	AST
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS		
	No		5 2805	Raymond N. W	ard, Snow Hil	l, Maryla	and
NOIL			ESSIVE NG TO DEATH BUT	NOT RELATED TO THE TERMIN		N GIVEN IN PART I	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IN C	IF YES, WERE FIND CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO [
	00000	DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART (OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1	22a I certify that (I) (this ha	spital) attended the deceased	from	19.83	to	19 39	, that (I) (we) last
	saw the deceased alive	an not) view the body ofter death	19 84 . 01	nd that in (my) (Dur) apinion de	eath occurred on the date and	d hour and from th	e causes stated
	Wille	* The		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	77 DAT	SIGNED
	224 PHYSICIAN'S NAME (TYP			22e ADDRESS		-	11
	DR. WILLIAM R	OBINS		RT. 50&CIVIC	AVE, SALISBU	RY, MD.	21801
230	BURIAL, CREMATION, REMOV		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
L	Burial	9/21/84	Whatco	at Methodist	Snow Hill,		d
24	FUNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR 256 RE		

DHMH-16 50M 1/81 (VRA 15, 4)

Norman F. Dennis, Snow Hill, Maryland

750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 2.4 1884





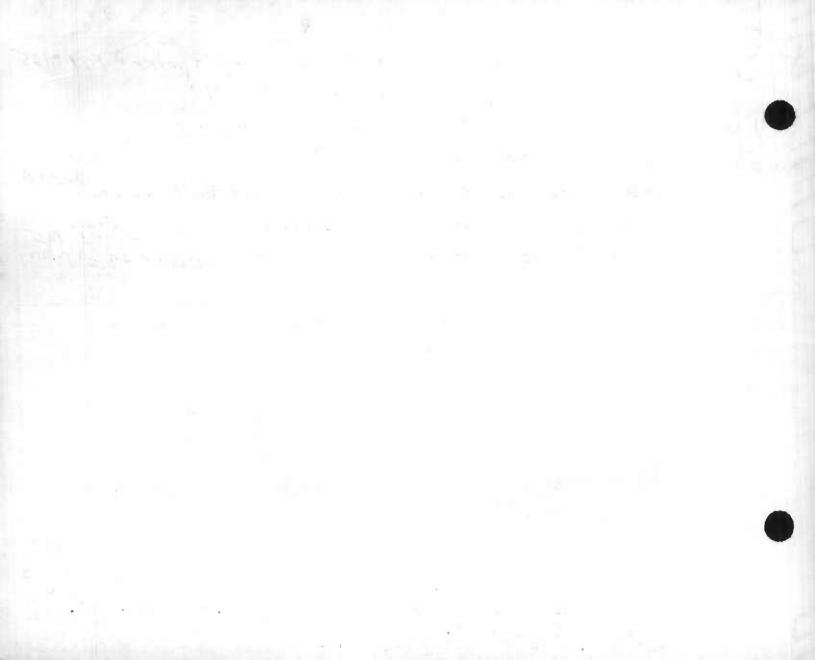
- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



Page 4 may be

and completely filled in by the fune

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

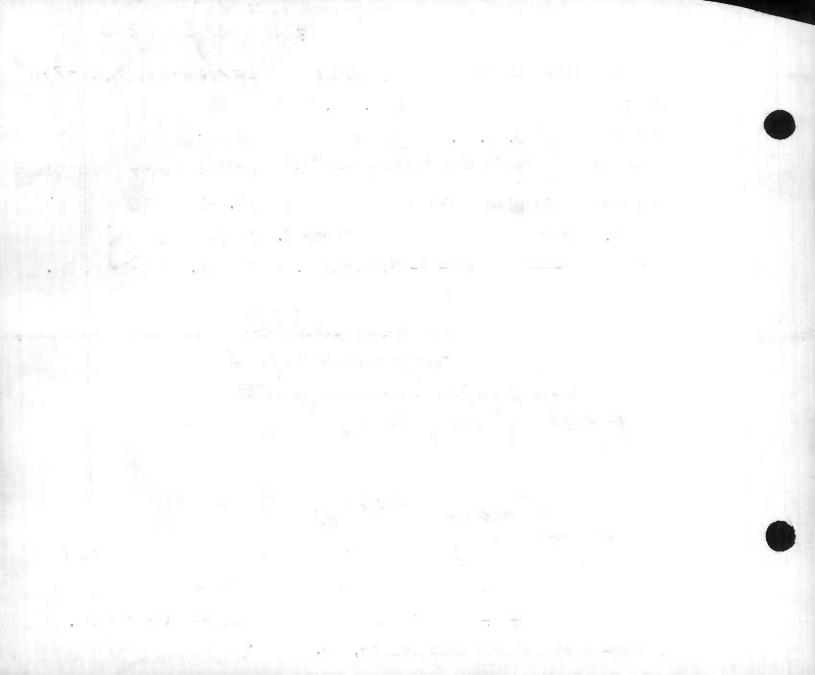
_		FOR
l	_	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	1000	(1)	2 20	0
die	3	1	3	6
	DEC N	0		

REGISTRAR		CERTITI	CATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	WIDDIE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Madelin	e Ennis	11	FLLS	SEPTEMBER	10.1984 23 45 N
3. SEX	4. RACE	5 DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Sept.	24. 1915	68 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN		INTRY? 8		9 BALTIMORE CITY OR COUN	
Maryland	U. S. A.	WIDOWED	NEVER MARRIED DIVORCED	Wicomico	M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OF	OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OF
Salisbury	Pen'insula.	General	Hospital	Office Work of Working	
USUAL RESIDENCE (# NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	OF C
100	icomico Deli		YES NO	Rt. #3 2187	
14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
John M. Down		N31	Sarah E.		LASI
16a WAS DECEASED EVER IN U.S		AL SECURITY NO.	17. INFORMANT	ADDRESS	
No -	217-	28-4890	John A. En	nis Rt. #3 I	Delmar. Md.
18 CAUSE OF DEATH (Ent	er anly one cause per line far (a),	(b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DIATE CAUSE (a)	ordive.	asystile		
	DUE TO, OR AS A CON	NSEQUENCE OF	1-		
Canditions, if any, which	1	entural	a belieblant	in	
gove rise to immediat		ISECULENCE OF	0		
underlying cause las		ueso Con	devil but	areter	
PART 2 OTHER SIGNIFICA	nt conditions <u>contributi</u> n	NG TO DEATH BUT N	NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION (GIVEN IN PART Tra
190 DATE OF OPERATION 9-4-84 210. ACCIDENT WAS UNDERLYIN	ic herotitis	+ rods	ation proct	to	
190 DATE OF OPERATION	19h WONDITION FOR		WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
¥ 9-4.89	Choque "	1 colorte	m	YES NO	YES NO
21a. ACCIDENT WAS UNDERLYIN	110110 4 44 44011		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2)
OR CONTRIBUTING CAUSE C	F DEATH	19			
(IF EITHER NOTIFY MEDICAL EXA	210 PLACE OF INJURY	Office Capitalities	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NO! WHILE C	TALLOWE STREET PACTORY	OFFICE, FARM EIC)	J	0///	
22a 1 certify that (1) (this l	aspitali attended the deceased		7 9 19	to 9/ 10/89	_, 19, that (I) (we) la
saw the decraved as	d now view the body after death	19, and	that in (my) (qur) apinian	death accurred on the date and h	aur and fram the causes stated
17h SIGN TORE	0 .		EGREE		224. DATE SIGNED
1 / huly 14	Junter 2	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/13
220 PHYSICIAN'S NAME (YPE OR PRINT)	_	22e ADDRESS		
Uhiha	A INSley	1 Ju	medical	Carter	
230. BURIAL, CREMATION, KEMO	VAL 23b. DATE	23t. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	9-13-1984	Melson	s Cemerery	77 8 774	mico Md.
24 FUNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256, REG	
Marvel-Short	Funeral Hom	e Delmar	De. CE	D 9 7 400 A From	was down fly salls

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

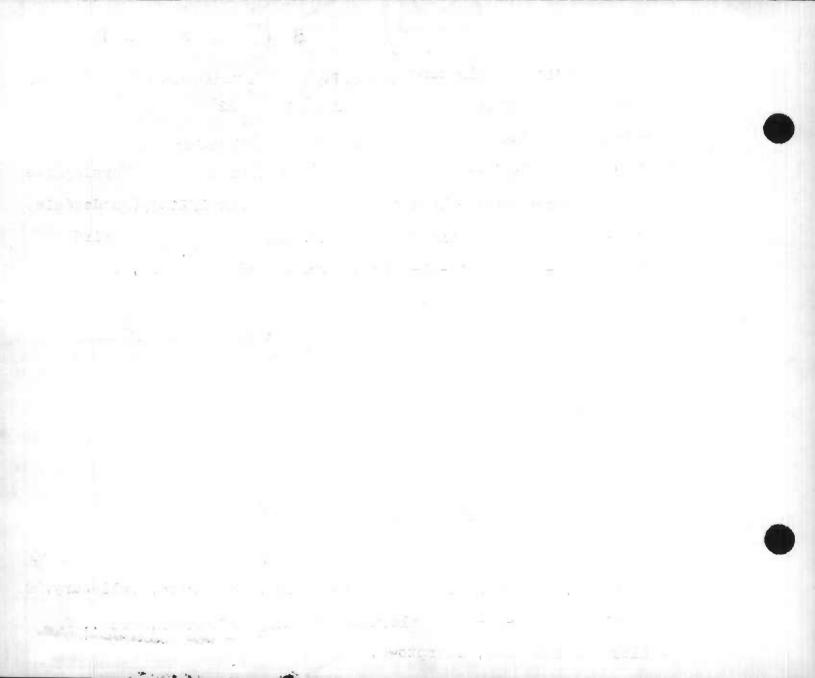


Zeller Funeral Home, Sharptown, MD

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND





requires that the death certificate be

nding physicion ond completely filled in by the funerol dir corbonpopers. Pages 1 and 2 should be filed within 72 hou

should be detached for use as the burial-transit permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If hem 21 is marked or hem 18 shows any

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	Ine	2 2	0-3	
4	3	7	.)	ು
71	REG. NO.			-

	-	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	, ,, ,	
	{TYPE	CEASED NAME RALD	h OSCAR	WiL	LEY	SEPT. /	1984	26 HOUR 2048 M
	3. SE)	MALE	white	5. DATE OF	9 ^{AY} 1914	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS YRS.	
5	0	AMOUNT OF EN	U, S, A	WIDOWED	DIVORCED	9 BALTIMORE CITY OR CO WICOMICO	OUNTY OF DEATH	MD.
0		alisbury	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Peninsula Ge	eneral	Hospital	120 USUAL OCCUPATION ITYPOF WAR FOR MOST OF WOR	MECNA MECNA	OF BUSINESS OR
6	130 5	ATY AND 136 COUNTY	OMICO SALIS	BURY	3d INSIDE CITY LIMITS? YES NO	1114 MIDOLE	Neck L)n21801
N		lharles Ed	MADDLE WAST	ley	S. MOTHER'S MAIDEN NAM	WIDDIE	82	Ze4
1		VAS DECEASED EVER IN U.S. AR YES, NO GLUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE VE WAR OR DATES! 218-10	7-1758	WILMA BR	Ks Willey	see.	Sec 13
		PART I. DEATH WAS CAUSE	nly one couse per line for 101, (b), D BY TE CAUSE (0)	ond Icili	Ocelu	se-	APPRO: BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), staling the underlying cause lost	DUE TO, OR AS A CONSEC	OUENCE OF	rlease		len	hurn
9	IFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING 1			200 AUTOPSY? 206	IF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED
9	MEDICAL CERTI	210, ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN I		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	CE, FARM ETC)	Off LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		sow the deceased alive on	tot attended the deceased from	9, ond	GREE	leath accurred on the date o		that (I) (New last) e causes stated E SIGNED
+		HE PHYSICIAN'S NAME THE	Heren	7	1302 OCCAN	MEDICAL STAFF DIRECTOR PHYSICIAN	125640	4-1984
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE 2 9-4-1984 1	orches)		23d LOCATION CAM D PI D P A	2 · DOD	mo.
	24 FL	DAKEN + BO	unds SAT	isduny	MO SEPO	REC'D. BY REGISTRAN 25b. 10	REGISTRAR'S SIGNA	TURE
						JAAR		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT September 11, 1984 Williams William Levin 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 10 03 1897 YEAR White Male 86 To BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED **WICOMICO** Salisbury, Maryland U.S.A. WIDOWED 12b. KIND OF BUSINESS OR Type of work for most of working Life)
Retired Fireman 709 GOLDSBOROUGH STREET SALISBURY NURSING HOME OR OTHER INSTITUTION GIVE 709 Goldsborough Street 1801 Maryland Wicomico Salisbury YES M 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elizabeth Williams William Williams Mary Ernest Land. Mrs. Belle V. Williams (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-10-9902 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 194. 16 gond ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a | certify that (I) (this hospital) attended the deceased from_ sow the deceased plive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter death. 22b. SIGNAT DEGREE 22c. DATE SIGNED 9/13/1984 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN & NAME LIVE OF PRINT 22e ADDRESS 1300 S. Division St., Salisbury, Md. 21801 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Salisbury Wicomico Maryland 9/14/1984 Shad Point Cemetery 24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

should be deto with the State IMPORTANT:

80

Holloway Funeral Home, P.A. Salisbury, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUSE.

1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	5
	ECEASED NAME FIRST	WIDDLE	Winder	20 DATE OF DEATH MONTH DA	0 100 4
3. S	たい) たい) i	14 RACE	Is. Date of Birth	September 6. AGE (IN YEARS LAST BIRTHDAY)	9, 1984 2130 FUNDER I YEAR IF UNDER 24 H
3. 3	F	BIK	MONTH DAY YEAR / YEAR	83 YRS. MC	DNIHS DAYS HOURS M
\$ 70. I	BIRTHPLACE (STATE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
0	ITY OR TOWN OF DEATH	USA IL NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED HIS HOME OR OTHER INSTITUTION	Wicomico 120 USUAL OCCUPATION	126. KIND OF BUSINESS
80	Salisbury	PeninsudacoGer	ng home or other institution neral Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
52 130	STATE 136 QOU	- 01	/N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	Rt 1 By
	ATHER'S NAME	er HYASKIN	YES NO 1		()
£20	JIHN	Ki Dickres	SIN DRISTY	WIDDLE	ICKERSIN
aedic	WAS DECEASED EVER IN U.S. AL	RMED FORCES? IVE WAR OR DATES)	URITY NO. 17 INFORMANT ALVIN	Mindress ADDRESS	
itic event, the	PART I. DE ATH WAS CAUS	(IE CAOSE (a)	rejuona - e	8UARY	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
aumat	Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF		
or ather traumatic	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF		
×	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
FICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	- 1100.00 0 00 0000000000000000000000000	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2}
d or hem	(IF EITHER NOTIFY MEDICAL EXAMINE		19 211 LOCATION		
MEG o	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
_=	AT HORK	tallow Od the dangered from	10 8y	10 10	e SC that (I) (we
s mork	220 I certify that (I) (this hasp	short to revided to the deceased from	3(6)		, (🔾
21 is mort	saw the deceased alive o obove, (1) (we) (did) (did	7 4-7 1/1		death accurred on the date and hour	
.40	saw the deceased alive o	of) view the body ofter death.	DEGREE ATTENDING	death accurred on the date and hour	22c. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

FOOKS FUNERAL HOME WEST RO.& BOOTH ST. SALISBURY, MD 21801

230 BURIAL BREMATION, REMOVAL

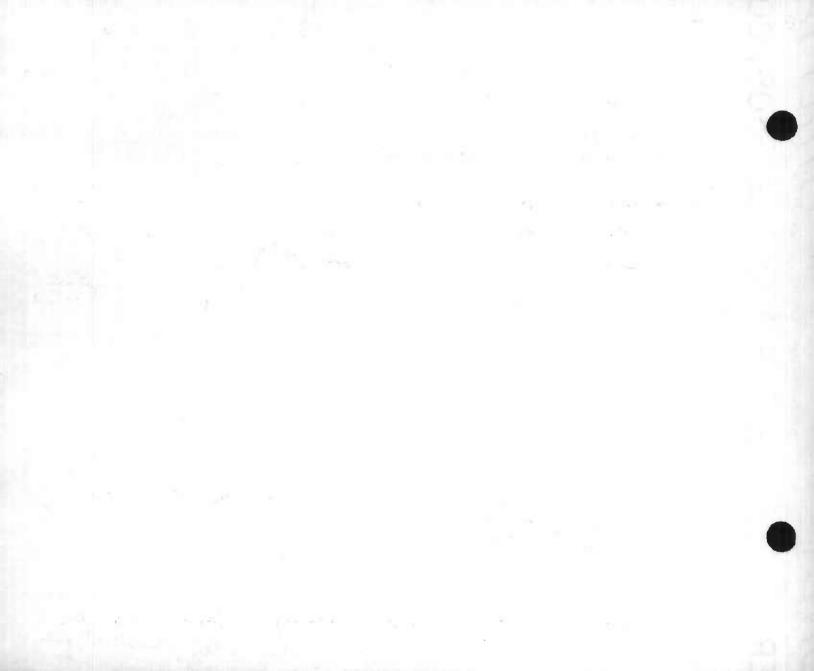
ADDRESS

7-15-84

TATORY 23d LOCATION
CITY TOWN
TO THE TOWN
1250 DATE REC'D. BY REGISTRAR 200 PEGISTRAR'S SIGNATURE AND STA

6EP 18 1984 June Dandson Annual 136. NAME OF CEMETERY OR CREMATORY
TYASKIN CEMETERS

STATE



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

63	2-70-400 S		622	
La	J	1	0	- 5
	REG. N	Ο.		

	REGISTRAR			TORRITOR DEPARTMENT	REG. NO	Э.		
	ECEASED NAME FIRST	WIDDLE		LAST /	2a. DATE OF DEATH	MONTH DAY	YEAR	76 HOUR
	Nathaniel	Weaver	Wo	R		9 17	94	8 A M
3. SE	Male White BIRTHPLACE ISTATE OR FORECT TO CITIZEN OF WHAT COUNTRY? COUNTRY! COUNTRY! COUNTRY! COUNTRY!		S. DATE C		6 AGE (IN YEARS LAST BIR	IHOAY] IF UP	UNDER TYEAR IF UNDER 24 HRS	
			02 03 1907 YEAR		77 YRS			
7a 8			RY? 8	D X NEVER MARRIED	BALTIMORE CITY OF COUNTY OF DEATH WICOMICO MD.			
L			WIDOWE	ED DIVORCED				
)	CITY OR TOWN OF DEATH	PAN IN SUCH FACILITY, GIVE ST	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACULTY, GIVE STREET ADDRESS) SULA General Hospital		12b. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Teasurer - Power Company			
, Ust	JAL RESIDENCE (IF NORSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION					.,,
1	Maryland Wic	omico Salisbu	own Jry	YES NO	701 Park		21	801
14_F	Harvey	MP. Wolfe		Ella FIRST	WIDDLE		Hitch ^{AST}	ı
I 6a			0-7933	I MITS RAINIA I WALLA I			Vife)	
	18 CAUSE OF DEATH (Enter or	nly one cause per line lor (a), (b)	, ond (c).)	2 /			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	muner	of disease	24.1			100 075
		DUE TO, OR AS A CONSE	OUENCE OF					
44	Conditions, if ony, which	(b)						
MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF							
	underlying couse last	(c)						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I a							
	190 DATE OF OPERATION	DATE OF OPERATION 196 CONDITION FOR WHICH		ON WAS PERFORMED	YES NO	200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA: YES NO YES NO		
	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	310	19					
	21d INJURY OCCURRED	21e PLACE OF INJURY	WE FARM FTC I	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE	(Al House Street Prevolt Of A	CE TAKE ETC	1		1.00		
		tal) ottended the deceased fro	aled "	77 19 54	10 91	. 19_		that (I) (we) last
	sow the deceased alive on obove, (1) (we) (did) (did ac	ot) view the body ofter deoth.	9 57 .0	nd that in (my) (our) opinion	death occurred on the do	ate and hour an	d Irom the a	causes stated
	27b. SIGNATURE	W	-	DEGREE	/MEDICAL STAT	-	27c DATE	SIGNED
	/m/2	noney n	P	_	MEDICAL STAF	IAN 🗌	917	134
	274 PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS				,
	W.B. HORNER	mD.		100 POWER ST	5ALISBUR	4 mb	10416	
23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		DUNTY	. STATE .
L	Burial	9/19/1984	Wicomio	co memorial Po	irk Salisbury	/ Wicom	ico M	aryland
	FUNERAL DIRECTOR	ADDRE	55	125°	rk Salisbury EREC'D BY REGISTRAR 2 4 1984	IST RECHTRAP	SSIGN	Hell !
1	Holloway Funeral	Home, P.A. Sal	isbury,	Maryland JL	4 4 1004			**

DHMH - 16 50M 4/B3 (VRA 15, 4)

IMPORTANT: If Nem 21 is marked or Nem 18 shows any

